

St. James School
Teacher Recommendation Form
Grades 1-8

Student Name _____ Grade _____

To the Teacher:

Thank you for helping your student apply to St. James School. Your early attention is requested since teacher recommendations are a requirement for admission. Your candid, confidential assessment of how the student is performing in his/her current environment will assist us in making decisions regarding admission and subsequent course placement.

Please return to:

St. James School
 c/o Admissions
 201 Broad Street
 Sewickley, PA 15143
 412-741-5540

	N/A	Below Average	Good	Excellent
Academic Potential				
Academic Achievement				
Reading Skills				
Writing Skills				
Oral Skills				
Study Skills				
Homework Effort				
Long-term Assignments				
Organizational Skills				
Honesty				
Respect for Authority				
Reaction to Criticism				
Self-discipline				
Concern for Others				
Classroom Behavior				
Dependability				
Interaction with peers				

To what extent is this applicant working to his/her potential?

Please comment on this applicant's ability to keep up with notebooks, paper, textbooks, and the use of a daily planner.

Please describe any limitation (physical, emotional, mental, language barriers, family situation, etc.) that may affect the applicant's progress.

Please comment on the parent's degree of involvement in the applicant's education.

Is applicant's attendance/tardy record satisfactory? (Please circle) Yes No

If no, please explain:

Please clarify any evaluation made on the other side or comment on the applicant's strengths and/or particular needs.

Teacher's Name Date:
Teacher's signature:
School Name:
School Telephone:
School Address City State Zip