

### *Recommendation Form (Grades 1-8)*

**(Confidential)**

Date \_\_\_\_\_

**PARENT/GUARDIAN:** Please complete the top portion of this form and submit it to your child's current school. This completed form must be returned to St. Andrew the Apostle Catholic School by your child's current school.

TO: \_\_\_\_\_

Name of School	School Telephone Number		
Address	City	State	Zip

RE: \_\_\_\_\_

Full Name of Child	Date of Birth
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**The school listed above has my permission to answer the following questions. Please return this completed form to St. Andrew the Apostle Catholic School by mail or by fax, as specified above.**

Parent/Guardian Signature	Parent/Guardian Printed Name	Home Telephone Number
Parent/Guardian Address _____		

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\_\_\_\_\_ has applied for admission to St. Andrew the Apostle Catholic School.

Name of Child

**TEACHER OR ADMINISTRATOR OF CURRENT SCHOOL:** In the best interest of the child seeking admission to St. Andrew the Apostle Catholic School, would you please answer the following:

1. Number of years student has attended your school \_\_\_\_\_
2. Number of days **absent** during the current school year \_\_\_\_\_ Number of days **tardy** during the current school year \_\_\_\_\_
3. Current grade placement \_\_\_\_\_
4. Suggested grade placement for the next school year \_\_\_\_\_
5. Has the student ever been recommended for or identified as needing:
 

a. Psychological Testing	Yes _____	No _____
b. Special Education	Yes _____	No _____
c. Gifted Program	Yes _____	No _____
d. Grade Retention	Yes _____	No _____
e. Tutoring	Yes _____	No _____
f. ADD or ADHD Testing	Yes _____	No _____

If the answer to any of the above is yes, please comment:

\_\_\_\_\_

\_\_\_\_\_

**\*\* SEE OTHER SIDE \*\***

6. Please rate the following areas using the following criteria:

1 = Excellent

2 = Good

3 = Fair

4 = Unsatisfactory

General attitude \_\_\_\_\_  
Effort \_\_\_\_\_  
Relationship with teacher \_\_\_\_\_  
Respects authority \_\_\_\_\_  
Shows initiative \_\_\_\_\_  
Takes pride in work \_\_\_\_\_

Cooperation \_\_\_\_\_  
Classroom Conduct \_\_\_\_\_  
Relationship with peers \_\_\_\_\_  
Home study habits \_\_\_\_\_  
Completes assignments on time \_\_\_\_\_

7. Please comment on classroom and school behavior of the student, noting any behaviors which are detrimental to the learning atmosphere of the classroom.

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8. Is there a discipline record on file for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which affect the student's progress.

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10. Please comment on the following areas using the following criteria:

1 = Outstanding

2 = Satisfactory

3 = Below Average

4 = Poor (failing to make appropriate progress)

Religion \_\_\_\_\_  
Reading \_\_\_\_\_  
Math \_\_\_\_\_  
Conduct \_\_\_\_\_

Respect for Others \_\_\_\_\_  
Achievement \_\_\_\_\_  
Spelling \_\_\_\_\_  
Social Studies \_\_\_\_\_

English \_\_\_\_\_  
Study Habits \_\_\_\_\_  
Homework \_\_\_\_\_  
Ability \_\_\_\_\_

11. Student's Reading Series and Reading Level \_\_\_\_\_

12. In your dealings with the parents, what is their attitude toward their child's learning and study habits? Have they cooperated with school policies and teacher suggestions?

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13. Based on your knowledge and experience with this student, would you recommend him/her for the academically strong curriculum at St. Andrew the Apostle Catholic School? \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Thank you for your cooperation and your time in completing this form.**

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Email: [office@standrew-clifton.org](mailto:office@standrew-clifton.org)