



Teacher Recommendation Form for Grades 1-8

Name of Student Applicant: _____ Incoming Grade: _____

Name of Applicant's Parents: _____ Phone: (____) _____

We appreciate your candid responses to the following questions. Your insights are very important in the admissions process and are **STRICTLY CONFIDENTIAL**. Please mail this questionnaire back to our school office.

PLEASE DO NOT RETURN THIS QUESTIONNAIRE TO THE PARENT FOR SUBMISSION.

1. What are the first few words that come to mind to describe this student?

2. Please comment on the following for this student:

Effort and motivation: _____

Ability to get along with teachers and peers: _____

Ability to work with others: _____

Study habits: _____

3. Academic Development:

What are this student's academic strengths?

What are this student's academic needs?

4. Social/Emotional Development:

What are this student's strengths?

What are this student's areas for growth?

5. If you could choose the most appropriate educational environment for this student, what would it be?

6. In what capacity, and for how long, have you known this applicant?

7. We expect all our families to participate in service hours to the school, as well as our fundraising activities. Please describe the family relationship with the faculty and administration with regard to these and any other areas.

If this student has had an IEP or any other testing, please let us know and send us any information you have regarding this testing.

Is there any additional information you would prefer to convey in a phone conversation?

- Yes
- No
- Phone: _____

Additional Information:

Name of person completing form:	Position:
School:	School Phone:
Email Address:	Date:

Please return to:
Our Lady of Loretto School
Attn: Admissions
1811 Virginia Ave
Novato, CA 94945

