

Sacred Heart Catholic School Office of Admissions

1st-6th Grade Teacher Recommendation

Student's Name:	Date of Birth:
Applying to: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th	School year: <input type="checkbox"/> 2019-2020 <input type="checkbox"/> 2020-2021 <input type="checkbox"/> 2021-2022 <input type="checkbox"/> 2022-2023

Dear Colleague,

The child listed above is applying for admission to Sacred Heart Catholic School. Our office finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. Please note, the parents/guardians will not have access to this confidential information and it will not become a part of the child's permanent record. If you have additional comments, please attach a sheet or contact Vicki Flanagan, Elementary Principal, at (601) 583-8683. The parent's signature gives you permission to complete this form for us.

Thank you for your assistance,
 Sacred Heart Catholic School Office of Admissions

Parent's Signature	Date	Parent's Phone Number			
ACADEMIC PERFORMANCE	Excellent	Good	Average	Below Average	Poor
Handwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening/receptive language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of grade level Math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEARNING CHARACTERISTICS	Excellent	Good	Average	Below Average	Poor
Fine Motor Skills (ie hand-eye coordination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Skills (ie balance, movement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech development/articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort and drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of work and material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL & EMOTIONAL DEVELOPMENT	Excellent	Good	Average	Below Average	Poor
Cooperation with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student demands an excessive amount of time for:

	Seldom	Sometimes	Frequently
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTENDANCE

Number of absences in current school year: _____
 Number of tardies in current school year: _____

To your knowledge, has this student ever been evaluated by a professional for concerns with learning, aggression, attention-span or any other issues? Yes No Don't know

Has a 504 Plan or IEP ever been issued for this student? Yes No Don't know

Has the student been placed in the Tier process or referred for Special Educational Services within the past 3 years? Yes No Don't know

Has this child ever been sent home for behavioral problems? Yes No Don't know
 If yes, why? _____

ADDITIONAL COMMENTS:

Please print:

Person completing this form: _____ Position: _____

Name of School: _____

 Signature

 Date

Please mail or fax completed form to:

Sacred Heart Catholic School
 Office of Admissions
 608 Southern Avenue
 Hattiesburg, MS 39401
 Telephone: (601) 583-8683, Fax: (601) 583-8684