



**ST. CATHERINE OF SIENA CATHOLIC PARISH & SCHOOL**  
**520 W. HOLDING AVE. | WAKE FOREST, NC 27587**  
**919-556-7613 | 919-570-0071 FAX | www.scswf.org/school**

**Confidential Teacher Recommendation**  
**2021-2022**

Student Name:	Current Grade:
School Name:	Dates Attended and Grade:

The above-named student is applying for admission to St. Catherine of Siena Catholic School for the 2020-2021 school year. Your assessment of this student's academic achievement, social behavior, and his/her relationship with teachers and peer is requested to assist us in processing his/her application. This evaluation will be kept confidential and will be used solely for the purpose of our application process. Thank you for your help and timely response.

Teacher's name:	Date completed:
Completed by if different:	Dates you taught the student:
Contact number:	Subjects or grades taught:
Email:	May we contact you? <span style="float: right;">Yes or No</span>

Non-Academic Categories	Excellent	Good	Fair	Unsatisfactory	Comments
Attitude					
Initiative					
Maturity					
Cooperation					
Respect for Authority					
Conduct					
Peer Interaction					

Academic Categories	Excellent	Good	Fair	Unsatisfactory	Comments
Reading Ability					
Writing Ability					
Math Ability					
Oral Ability					
Cooperation					
Potential					

Work Skills	Excellent	Good	Fair	Unsatisfactory	Comments
Motivation					
Independent Work					
Assignment Completion					

Please provide any comments that would help to evaluate this applicant:

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**Students Name:** \_\_\_\_\_

**St. Catherine of Siena Catholic School**

Please provide a brief description of the applicant's strengths:
Please provide a brief description of the applicant's weaknesses:
Please describe any disabilities (physical, emotional, mental), language barriers or family situations which may affect the applicant's progress:
Please write a brief description of the parent attitude and degree of involvement in the student's education:

Check if any apply to the applicant:					
Takes daily medication	<input type="checkbox"/>	Has confidential file	<input type="checkbox"/>	Has a diagnosed learning disability	<input type="checkbox"/>

Attendance Record:		Comments
Satisfactory	<input type="checkbox"/>	
Unsatisfactory	<input type="checkbox"/>	

Please rate the total progress of this student on the basis of the work completed in his/her present school:			
Exceptional	Above Average	Average	Below Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for promotion to the next grade?	Yes	No
Comments:		

**Please mail the completed form to:**  
 The Director of Admissions  
 St. Catherine of Siena Catholic School  
 520 West Holding Ave.  
 Wake Forest, NC 27587

**Thank you for filling out this form!**

For SCS Office Use: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_