



## **Confidential Teacher Recommendation**

### **2024-2025**

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 2024-2025 school year. Your assessment of this student's academic achievement, social behavior, and his/her relationship with teachers and peers 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? <input type="checkbox"/> Yes or No <input type="checkbox"/>

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

<b>Academic Categories</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Unsatisfactory</b>	<b>Comments</b>
Reading Ability					
Writing Ability					
Math Ability					
Oral Ability					
Cooperation					
Potential					

<b>Work Skills</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Unsatisfactory</b>	<b>Comments</b>
Motivation					
Independent Work					
Assignment Completion					

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

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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	
Unsatisfactory	

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 <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

**Please mail or email the completed form to:**  
 Admissions  
 St. Catherine of Siena Catholic School  
 520 West Holding Ave.  
 Wake Forest, NC 27587  
[ipesa@scswf.org](mailto:ipesa@scswf.org)  
 Fax: 919-570-0071

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

For SCS Office Use: Reviewed by: _____ Date: _____
Accepted: Yes _____ No _____