



ST. THERESE  
CATHOLIC ACADEMY

# 2020-2021 STCA 1<sup>ST</sup>-8<sup>TH</sup> Grade Teacher Recommendation Form

FOR STUDENTS APPLYING TO 1<sup>ST</sup>-8<sup>TH</sup> GRADE.  
TO BE COMPLETED BY YOUR CHILD'S TEACHER.

---

### To be completed by the parent/guardian:

*I authorize the person designated below to complete the following recommendation for my child, and I acknowledge that this is a confidential communication.*

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

### To the educator writing this recommendation:

*St. Therese Catholic Academy strives to serve learners of all types. In order to meet students' needs in the context of our program, we seek detailed information about students for admission. Please complete this form so that we can make an informed decision regarding placement of the student. We appreciate your time.*

Name of recommender: \_\_\_\_\_

How long have you known the student and in what capacity? \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

### Please rate the student on a scale of 1-4 (with 4 = highest) in the following areas:

- Academic ability \_\_\_\_\_
- Academic performance in relation to ability \_\_\_\_\_
- Study habits \_\_\_\_\_
- Timely completion of assigned work \_\_\_\_\_
- Ability to work alone \_\_\_\_\_
- Ability to work in a group \_\_\_\_\_
- Organizational Skills \_\_\_\_\_
- Being respectful of peers \_\_\_\_\_
- Being respectful of teachers and other adults on staff \_\_\_\_\_
- Ability to advocate for self \_\_\_\_\_
- Service within school and/or the community \_\_\_\_\_
- Personal integrity \_\_\_\_\_

Has this student's attendance been regular?                      Yes                      No    (*circle one*)

Is this student typically on time for school?                      Yes                      No    (*circle one*)

If **no** to either of above, please provide any context that can help explain from your perspective: \_\_\_\_\_

\_\_\_\_\_

Has this student ever been suspended/expelled from your school?    Yes    No    (*circle 1*)

If **yes**, please describe: \_\_\_\_\_

\_\_\_\_\_

1. What are the 3 words that come to mind to describe this student?

\_\_\_\_\_

2. Does the student have any special needs (e.g., learning differences, pronounced social or emotional challenges, speech or hearing limitations) that should be accommodated?

\_\_\_\_\_

3. Please evaluate how this student interacts:

a) with peers

\_\_\_\_\_

b) with adults

\_\_\_\_\_

4. How do the student's parents/guardians relate to the teacher? School? Please comment on parental cooperation and involvement.

\_\_\_\_\_

5. Do you have additional information that may be helpful in our evaluation of this student?

\_\_\_\_\_

Please check if you would like us to call you \_\_\_\_\_ Best time(s) to call \_\_\_\_\_

**Please e-mail or mail this form to: St. Therese Catholic Academy**

E-mail: [admissions@stcaseattle.org](mailto:admissions@stcaseattle.org) | 900 35<sup>th</sup> Avenue Seattle, WA 98122