

Saint Bernadette Catholic School

20 Burr Street

New Haven, CT 06512

203-469-2271

www.saintbernadette.org

Teacher Recommendation

To Student: Please give this to your teacher along with a stamped envelope. They will complete this and return it to Saint Bernadette School.

**To Parent/
Guardian:** I give permission for my child's current school to release information on grades, attendance and standardized testing.

Name: _____

To Respondent: This student is applying for admission to Saint Bernadette Catholic School. Saint Bernadette is a Catholic school for girls and boys in grades pre-kindergarten through eight. Students are instructed in the Catholic faith and are provided with constant examples of how God wants them to relate to others. The students are empowered with knowledge, discipline and moral values through a quality Catholic education. Saint Bernadette School provides a safe and positive atmosphere for students to develop and grow in their unique way as God's children. Information that does not appear on entrance tests or school records is most helpful in enabling us to evaluate the applicant. Your input as to the students needs and abilities will help us judge as to whether our program is right for the applicant. Please return this completed form in the stamped envelope provided.

Name of Student: _____

Current Grade: _____ **Grade applying for:** _____

Present School: _____

City/Town: _____

Number of years at this school: _____

Please check the appropriate box for each category.

ACADEMIC QUALITIES	OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT
Ability			
Creativity			
Growth Potential			
Initiative			
Intellectual Curiosity			
Motivation			
Self-Discipline			
Study Habits			
WORK SKILLS			
Attentive in Class			
Listens and Follows Direction			
Works Independently			
Works Carefully			
Works Neatly			
Completes Class Work			
Completes Homework			
Displays Effort			

Curriculum Summary

Reading Program _____ Lexile _____ DRA Score _____

Math Program _____

Please check the appropriate box for each category.

PERSONNAL QUALITIES	OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT
Attendance			
Accepts Correction			
Concern for Others			
Cooperation			
Displays Courtesy			
Emotional Stability			
Enthusiasm			
Integrity			
Interaction with Faculty			
Leadership			
Maturity			
Accepts Responsibility			
Respects Authority			
Self-Confidence			
Sense of Service			
Shows Self-Control			
Works Collaboratively			

1. Has the student studied a World Language? Yes_____ No_____
If yes, Language _____ number of years_____ Classes per week_____
2. Predominant language spoken at home. _____
3. Does the student have any special talents? Please explain briefly:

4. Has the student had any disciplinary problems in the past year? Yes _____ No_____
If yes, please explain: _____

5. Do the parents support school policies? Yes _____ No_____
6. Are the parents responsive to school suggestions? Yes_____ No_____
Please make a general comment on the academic and personal qualities of the student that could help us with our decision.

7. Is the student receiving special services? If yes, what services does he/she receive?

RECOMMENDATION STATUS

Please check one:

_____ Highly Recommended

_____ Recommended

_____ Recommended with Reservation

_____ Not Recommended

Please explain, if recommended with reservation or not recommended has been indicated.

Please attach a copy of the most recent report card.

How long have you know the student? _____

Form completed by : _____ Title _____

Name of School _____ School phone number _____

Signature

Date

Thank you for your time in completing the teacher recommendation.