

# St. Andrew the Apostle Catholic School

6720-B Union Mill Road

Clifton, VA 20124

Phone - 703-817-1774

Fax- 703-358-9216

## Recommendation Form (Grades 1-8)

(Confidential)

Date \_\_\_\_\_

**PARENT/GUARDIAN:** Please complete the top portion of this form and submit it to your child's current school. This completed form must be returned to St. Andrew the Apostle Catholic School by your child's current school.

TO: \_\_\_\_\_  
Name of School \_\_\_\_\_ School Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RE: \_\_\_\_\_  
Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**The school listed above has my permission to answer the following questions. Please return this completed form to St. Andrew the Apostle Catholic School by mail or by fax, as specified above.**

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Printed Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

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\_\_\_\_\_  
Name of Child \_\_\_\_\_ has applied for admission to St. Andrew the Apostle Catholic School.

**TEACHER OR ADMINISTRATOR OF CURRENT SCHOOL:** In the best interest of the child seeking admission to St. Andrew the Apostle Catholic School, would you please answer the following:

1. Number of years student has attended your school \_\_\_\_\_
2. Number of days **absent** during the current school year \_\_\_\_\_ Number of days **tardy** during the current school year \_\_\_\_\_
3. Current grade placement \_\_\_\_\_
4. Suggested grade placement for the next school year \_\_\_\_\_
5. Has the student ever been recommended for or identified as needing:
  - a. Psychological Testing Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Special Education Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Gifted Program Yes \_\_\_\_\_ No \_\_\_\_\_
  - d. Grade Retention Yes \_\_\_\_\_ No \_\_\_\_\_
  - e. Tutoring Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. ADD or ADHD Testing Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above is yes, please comment:  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* SEE OTHER SIDE \*\***

6. Please rate the following areas using the following criteria:

1 = Excellent

2 = Good

3 = Fair

4 = Unsatisfactory

General attitude \_\_\_\_\_  
Effort \_\_\_\_\_  
Relationship with teacher \_\_\_\_\_  
Respects authority \_\_\_\_\_  
Shows initiative \_\_\_\_\_  
Takes pride in work \_\_\_\_\_

Cooperation \_\_\_\_\_  
Classroom Conduct \_\_\_\_\_  
Relationship with peers \_\_\_\_\_  
Home study habits \_\_\_\_\_  
Completes assignments on time \_\_\_\_\_

7. Please comment on classroom and school behavior of the student, noting any behaviors which are detrimental to the learning atmosphere of the classroom.

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8. Is there a discipline record on file for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please describe any disabilities (physical, emotional, mental, language barriers, family situation) which affect the student's progress.

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10. Please comment on the following areas using the following criteria:

1 = Outstanding

2 = Satisfactory

3 = Below Average

4 = Poor (failing to make appropriate progress)

Religion \_\_\_\_\_  
Reading \_\_\_\_\_  
Math \_\_\_\_\_  
Conduct \_\_\_\_\_

Respect for Others \_\_\_\_\_  
Achievement \_\_\_\_\_  
Spelling \_\_\_\_\_  
Social Studies \_\_\_\_\_

English \_\_\_\_\_  
Study Habits \_\_\_\_\_  
Homework \_\_\_\_\_  
Ability \_\_\_\_\_

11. Student's Reading Series and Reading Level \_\_\_\_\_

12. In your dealings with the parents, what is their attitude toward their child's learning and study habits? Have they cooperated with school policies and teacher suggestions?

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13. Based on your knowledge and experience with this student, would you recommend him/her for the academically strong curriculum at St. Andrew the Apostle Catholic School? \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Thank you for your cooperation and your time in completing this form.**