Student Recommendation Form - Grade 2-8

Name of Student _____

Birthdate _____ Application for Grade _____

I have known this candidate _____ years/months

My relationship has been that of _____ Date _____

To the teacher or school director: We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insights will help us get to know this child. We understand the difficulty in evaluating a student, and are always aware that children are constantly growing, changing and developing. Thank you for your help.

What are the first words that come to your mind in order to describe this candidate?

_____

_____

What are the applicant's special interests?

_____

_____

For the following items, please fill in the circle that best describes the level of the child's development in your evaluation.

SOCIAL DEVELOPMENT	Excellent	Good	Fair	Comments
Conduct	○	○	○	
Consideration for others	○	○	○	
Social relationship with peers	○	○	○	
Leadership ability	○	○	○	
Emotional maturity	○	○	○	
Self confidence	○	○	○	
Integrity	○	○	○	
Sense of responsibility	○	○	○	
Relationship with adults	○	○	○	

	Excellent	Good	Fair	Comments
Study habits	○	○	○	
Self-motivation	○	○	○	
Organization of time and work	○	○	○	
Intellectual curiosity	○	○	○	
Attention span	○	○	○	
Ability of express ideas orally	○	○	○	
Ability to follow directions	○	○	○	
Ability to work in a group	○	○	○	
Ability to work independently	○	○	○	
Perseverance	○	○	○	
Academic ability	○	○	○	
Academic achievement	○	○	○	
Reads for pleasure	○	○	○	
Attendance	○	○	○	
Parent cooperation	○	○	○	
Parent involvement in school	○	○	○	

Have all financial obligations been met?　　○ Yes, always met on time　　○ No

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information which you think might be helpful. You may use a separate sheet of paper for further comments in any category.

Signature _____　　Print or type name _____

School _____　　Address _____

Telephone _____　　City, State, Zip _____

Please return this form to: **SAINT PATRICK'S SCHOOL, 4101 NORBECK ROAD, ROCKVILLE, MARYLAND 20853**
Or Fax to: **301-929-1474**