



ST. GABRIEL'S CATHOLIC SCHOOL
 ENGAGING MINDS. INSPIRING VIRTUE.

CONFIDENTIAL TEACHER RECOMMENDATION: APPLYING FOR GRADES 1-8

Applicant's Name: _____ Candidate for _____ grade in August _____

I waive my right of access and that of my child's to this recommendation form. I grant permission for the person completing this form to speak with an administrator from St. Gabriel's Catholic School.

Parent signature: _____

TO THE TEACHER:

If the parent signature appears above, this recommendation will remain confidential and will not become part of the student's permanent record. Your input is a vital part of our process. Please complete this form carefully and thoroughly.

How long have you known the student? _____

In what grade(s) and subject(s) have you taught him/her? _____

If you had to indicate the outstanding attributes of this student in a few words, what would they be? _____

ACADEMIC QUALITIES (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Academic potential					
Academic achievement					
Effort					
Study habits					
Ability to work independently					
Class participation					
Homework preparation and completion					
Intellectual curiosity					
Use of time					
Willingness to ask for help					
Ability to follow directions					
Attention span					

ENGLISH SKILLS (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Reading skill and interest					
Written expression					
Oral expression					

ACADEMIC QUALITIES (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Computation accuracy					
Conceptual understanding					

continued on reverse



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MATH PLACEMENT

Current course level (Grades 6-8 only): _____ Textbook used: _____
 Recommended placement for next year: _____

PHYSICAL DEVELOPMENT (please check appropriate box)

No Basis for Judgment	Weak	Below Average	Average	Good	Outstanding
Integrity					
Respect for others					
Social adjustment with peers					
Responsibility					
Conduct					
Maturity					
Creativity					
Sense of humor					
Emotional stability					
Self-confidence					
Attendance					
Punctuality					

Please list any strengths/weaknesses or problems of which we should be aware. List any special or unusual circumstances (positive or negative) that may be relevant to the student's performance in school. _____

FAMILY INFORMATION

Parents are an important part of our relationship with a student. Please share any thoughts you have regarding this family.

Communication with school: Rarely Sometimes Usually Always

Cooperation with faculty/administration: Rarely Sometimes Usually Always

Participation in school community: Never Seldom When given opportunity Very helpful

Participation in child's education: Rarely involved Sometimes involved Appropriately involved Overly involved

To your knowledge, are the parents' perceptions/expectations of their child consistent with the school's understanding of the child?

Are you aware of any family circumstances that affect the student's life at home?

What kind of support might the student need from our school to reach his/her potential?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

I recommend this student: Enthusiastically Strongly With reservation Not recommended

TEACHER INFORMATION

Name of person completing this form (please print): _____

School Name: _____ Phone number : (____) _____

Signature: _____ Position: _____ Date: ____/____/____

We sincerely appreciate your cooperation and candor. To ensure your confidentiality, please return this form directly to St. Gabriel's Catholic School: 2500 Wimberly Lane, Austin, TX 78735