



Name of Student: \_\_\_\_\_ Candidate for Grade: \_\_\_\_\_

**Parent or Guardian**

**Please write your child's name in the space above, then read and sign the following before giving this to your child's teacher.** I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admissions Committee, and I waive any right that I may have to see it.

\_\_\_\_\_  
*Signature of Parent of Guardian* \_\_\_\_\_  
*Date*

**Teacher**

**Please complete this entire form and return it via U.S. mail, fax and/or email.** As a current teacher, please evaluate the candidate based on your direct knowledge of him/her. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments.

**General Developmental Readiness**

- Exceeds Age Expectations       Age Appropriate       Below Age Expectations

**Pre-Academic Development**

	Consistently	Usually	Seldom	Not Observed
Listens to and follows teacher's directions				
Is attentive during group discussions/activities				
Demonstrates independence				
Perseveres in spite of difficulty				
Moves easily from one activity to another				
Demonstrates age appropriate impulse control				

**Social Skills**

	Consistently	Usually	Seldom	Not Observed
Responds positively to redirection				
Is comfortable in group play				
Shares well				
Displays a positive attitude toward peers				
Exhibits positive feelings about self				

**Physical Development**

	Excellent	Good	Area of Concern
Gross motor coordination			
Speech/articulation			
Fine motor coordination			

**Circle the words that best describe this applicant:**

- |               |                    |                 |                 |                  |
|---------------|--------------------|-----------------|-----------------|------------------|
| Aggressive    | Disobedient        | Irritable       | Organized       | Self-disciplined |
| Anxious       | Easily Discouraged | Manipulative    | Over-protected  | Shy              |
| Articulate    | Follower           | Motivated       | Perfectionist   | Social           |
| Cheerful      | Helpful            | Mature          | Positive Leader | Vivacious        |
| Confident     | Honest             | Negative Leader | Responsible     | Well-liked       |
| Conscientious | Immature           | Oppositional    | Self-centered   |                  |

How long have you known this student? \_\_\_\_\_

To your knowledge, is the parent’s perception of the child consistent with the school’s understanding of the child?

\_\_\_\_\_

Please describe:

beginning reading skills \_\_\_\_\_

beginning math skills \_\_\_\_\_

beginning language skills \_\_\_\_\_

**Check one:**

This student works best in a (check all that apply):

- Highly challenging academic environment     
  Developmentally appropriate environment  
 Highly structured environment

Please share with us anything about the applicant you think we should consider as we review his/her application.

\_\_\_\_\_

\_\_\_\_\_

	Consistently	Usually	Seldom	Not Observed
Parent(s) participates in school activities				
Parent(s) supports school policies and procedures				

Signature of teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_

School name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please return to:**

Academy of the Sacred Heart  
 Admissions Office  
 P O Box 310  
 Grand Coteau, Louisiana 70541  
 Phone: 337.662.7064  
 Fax: 337.662.3011  
 Email: admissions@sshcoteau.org