



Good Shepherd Catholic School
A Nationally Recognized School of Excellence



Teacher Recommendation
For Applicants to Grades 6-8

The student named below has applied to Good Shepherd Catholic School. Your recommendation is a valuable tool in our evaluation and selection process. Your comments are, of course, confidential and will be used for admission purposes only. Recommendations do not become part of the student's permanent record. The applicant's file will not be complete without the return of this form. Thank you for your prompt response.

Name of Applicant: _____	Date: _____			
Teacher Name: _____	Position: _____			
School: _____				
School Address: _____				
_____	_____	_____	_____	
	Street	City	State	Zip
School Phone: _____	Grade in which applicant is currently enrolled: _____			

How long have you known the applicant? _____

What are the first three words that come to mind to describe this student?

Student's attendance in your class: Satisfactory _____
Reason for Concern _____

Are the parents supportive of your school and school policies? Yes _____ No _____
Please describe: _____

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Please mark the appropriate response:

	Excellent	Average	Below Average	Unknown
Academic Evaluation				
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens attentively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds well to teacher suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Evaluation				
Observes school and classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationships with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate on academic or behavior strengths or concerns:

How would you describe the applicant's current performance?

Below grade level _____ At grade level _____ Above grade level _____

Please indicate the strength of your recommendation by checking the appropriate response.

- I recommend this student: Yes _____ Yes, with reservations _____
- I do not recommend this student: _____

Comments: _____

Please mail this form directly to:

**Registrar
 Good Shepherd Catholic School
 5902 Oleander Drive
 Orlando FL 32807-3494**