



# ST. CATHERINE'S ACADEMY

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## Teacher Recommendation Form

### TO BE COMPLETED BY TEACHER

|                  |                   |                  |                    |
|------------------|-------------------|------------------|--------------------|
| Applicant's Name |                   | Current Grade    | Grade applying for |
| Name of School   |                   | Telephone Number |                    |
| Name of Teacher  | Teacher Signature | Subject taught   |                    |

Please note any reservation from questions 1 & 2 on the reverse side or a separate sheet of paper

| 1. Based on academic achievement: |  | 2. On the basis of personal qualities: |  |
|-----------------------------------|--|--|--|
| <input type="checkbox"/>          | I strongly recommend this student.         | <input type="checkbox"/>               | I strongly recommend this student.         |
| <input type="checkbox"/>          | I recommend this student with reservation. | <input type="checkbox"/>               | I recommend this student with reservation. |
| <input type="checkbox"/>          | I do not recommend this student.           | <input type="checkbox"/>               | I do not recommend this student.           |

| 3. Please rate the following areas | Excellent | Above Average | Average | Below Average |
|------------------------------------|-----------|---------------|---------|---------------|
| Effort in class                    |           |               |         |               |
| Attention in class                 |           |               |         |               |
| General behavior at school         |           |               |         |               |
| Ability to get along with peers    |           |               |         |               |
| Leadership                         |           |               |         |               |
| Responsibility                     |           |               |         |               |
| Participation in school            |           |               |         |               |
| Parent cooperation with school     |           |               |         |               |

| 4. Please select an answer for each of the following questions.<br>(When a "yes" is selected, please explain on reverse side or a separate sheet of paper) | Yes | No |
|--|-----|----|
| Does this student have unsatisfactory attendance?  |     |    |
| Does this student have any significant health or physical disabilities?  |     |    |
| Does this student have any significant home condition likely to affect school performance?   |     |    |
| Does this student have any significant behavior or personality problems?   |     |    |
| Does this student need Special Education services?   |     |    |
| Does this student need tutorial services?  |     |    |
| Does this student need ESL services?   |     |    |

| 5. Please rank the student in relation to the other students in class |  |                     |  |                        |  |                        |
|---|--|---------------------|--|------------------------|--|------------------------|
| English   |  | T- Top 1/3 of class |  | M= Middle 1/3 of class |  | L= Lowest 1/3 of class |
| Mathematics   |  | T- Top 1/3 of class |  | M= Middle 1/3 of class |  | L= Lowest 1/3 of class |
| English-Grammar   |  | T- Top 1/3 of class |  | M= Middle 1/3 of class |  | L= Lowest 1/3 of class |
| English-Composition   |  | T- Top 1/3 of class |  | M= Middle 1/3 of class |  | L= Lowest 1/3 of class |

Please add any comment that you feel will be helpful on reverse side or a separate sheet of paper.

*Thank you for your time in completing this form. Your assessment is an important part of our admissions process.*