



# Teacher Recommendation

The student listed below has applied for admission to St. Joseph School. We would appreciate your thoughtful evaluation of the student in the areas listed below. Thank you for taking the time to complete this recommendation and return it by mail in a sealed envelope to St. Joseph School. *The information submitted will be considered confidential, will not become part of the student's school records, and is not shared outside of the St. Joseph School Admission team.*

Student Name \_\_\_\_\_

Person Completing Recommendation \_\_\_\_\_

Title \_\_\_\_\_ Grade level \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

**In relation to other students you have taught at this grade level, how would you rate this student in terms of:**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Comments</b>
Reading skills (or readiness for K)					
Math skills (or readiness for K)					
Handwriting (or fine motor skills for K)					
Gross motor skills/body movement					
Motivation/effort					
Curiosity/creativity					
Self Confidence/leadership					
Courtesy/cooperation					
Respect for other children					
Respect for teacher					
Homework responsibility					
Attendance and punctuality					
Works well in a group					
Can work independently					
Overall conduct					
Parental support and involvement					

What words come to mind to describe the applicant?

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What are this applicant's strengths as a student?

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What observations do you have regarding this applicant's learning style?

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Please use this space to add any additional comments about this child. Does this student receive any special assistance in areas such as speech, learning disabilities, etc.?

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If you would like to discuss this child more fully, please call Peg Johnston, Principal, at (425) 313-9129.

If we need further information, may we call you?  Yes  No

Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

**Please return this form  
by mail in a sealed envelope to:**

**St. Joseph School  
220 Mountain Park Blvd. SW  
Issaquah, WA 98027**

**Tel: (425) 313-9129**

**Fax: (425) 313-7296**