



# Teacher or Administrator Recommendation Form

FOR ADMISSION IN THE 2020-2021 SCHOOL-YEAR

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade Level for the 2020-2021 School Year: \_\_\_\_\_

TO THE PARENT: Print the above information and give this form to the student's teacher or administrator. Please read and sign the statement below.

*For the student named above, I acknowledge that I waive my right to read the confidential school recommendations. I understand that school recommendations are to be sent directly to the school, and will not be accepted unless received directly from the school. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to St. Rose of Lima Catholic School (SRL). I/We also understand that the student named above must meet all requirements and expectations of the SRL Admissions Review Team to be granted acceptance as a student for the upcoming school year.*

Name of Parent/Guardian (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE TEACHER or ADMINISTRATOR: This form was designed to allow a confidential exchange of information about the student whose name appears above. Your candid assessment of the applicant is very helpful in our admissions process. If you wish to discuss this student personally rather than complete this form please check here , sign the form and provide your telephone number. Our School Registrar will contact you.

\_\_\_\_\_  
Teacher or Administrator Name (please print)      Signature      Position/Title

\_\_\_\_\_  
School Phone Number      Email Address

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.

He/she is enrolled in our school \_\_\_\_\_ days per week, \_\_\_\_\_ hours per day.

His/her class has \_\_\_\_\_ students and \_\_\_\_\_ teacher(s).

*Your judgments are used solely for the admissions process.*

SKILLS	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Attention span					
Ability to focus in group situations					
Participation in group discussions					
Ability to follow directions					
Completes tasks independently					
Respect for classroom rules					
Transition between activities					
Responds to behavioral directions					
Enthusiasm for new activities					
Problem-solving ability					
Seeks assistance with task					
Takes responsibility					
Grasps new concepts					
Uses materials appropriately					
Exhibits self-help skills					
PHYSICAL DEVELOPMENT	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Fine motor skills					
Gross motor skills					
Speech development (articulation)					
SOCIAL/EMOTIONAL	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Exhibits courtesy and respect					
Shows empathy toward peers					
Interaction with teachers					
Works cooperatively with peers					
Demonstrates self control					
Shares well without prompting					
Imagination/creativity					
Demonstrates ability to lead					
Demonstrates ability to follow					
Expresses feelings appropriately					
Shows self confidence					
FAMILY INFORMATION	Consistently	Usually	Sometimes	Rarely	Comments
Communicates openly with school					
Participates in school activities					
Cooperates with classroom teacher					
Cooperates with administration					
Follows school rules and policies					

1. Has the student ever committed a serious infraction of the school's policies? If so, please explain what happened and when. Was the student placed on probation or suspended?

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2. Has the student ever been asked to leave the school or not offered readmission? If so, please explain what happened and when.

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3. Did the parents meet their financial commitments in a timely manner? If not, please explain.

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4. Are the student's parents supportive of the school?

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5. Please provide a positive experience you have shared with this child and/or their family.

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Further comments (feel free to elaborate on the areas above or discuss academic readiness & potential):

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Upon completion, please mail or email a copy of this form to our office. This information will remain confidential and we ask that you do not share your comments with the student or his/her family.

MAIL: St. Rose of Lima Catholic School  
Attn: Registrar's Office  
425 NE 105<sup>th</sup> Street  
Miami Shores, FL 33138

Email: [tfrechette@srlschool.com](mailto:tfrechette@srlschool.com)

*Thank you for your time and care in completing this form!*