

## Saint Joseph Catholic Parish School

958 Epps Bridge Parkway, Athens, GA 30606

706-543-1621 FAX 706-543-0149

or email to: tina.bortle@sjathens.org

### SCHOOL RECOMMENDATION (2nd through 6th grade)

#### To be filled out by applicant:

Name of Applicant: \_\_\_\_\_ Applying to grade: \_\_\_\_\_

(Name of referring school) \_\_\_\_\_ has my permission to answer the questions below and mail this information to Saint Joseph Catholic Parish School at the above address.

Signature(s) of Parent/Guardian

Date

#### To be filled out by recommending school personnel:

Classroom teachers are encouraged to offer their observations regarding the applicant's performance.

Copies of this form may be made to accommodate the input of more than one teacher.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Principal: \_\_\_\_\_

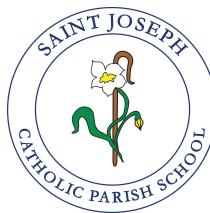
The above student has applied for admissions to Saint Joseph Catholic Parish School. Our program is strictly academic offering a basic curriculum. We try to provide for a normal range of learning differences, but are unable to offer remediation for significant learning needs of students. In the best interest of the child seeking admission to Saint Joseph Catholic Parish School, would you please answer the following questions.

1. Length of time the student has attended your school \_\_\_\_\_
2. Grade placement for the current academic year \_\_\_\_\_
3. Suggested grade placement for the coming school year \_\_\_\_\_
4. Has the student ever been recommended for or identified as needing:

- a. Psychological Testing Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Special Education Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Gifted Program Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Grade Retention Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Tutoring Yes \_\_\_\_\_ No \_\_\_\_\_

5. If the answer was Yes to any of the above, to what degree were the parents cooperative?

\_\_\_\_\_



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6. Please comment on the classroom and school behavior of the student noting any observable behavior that would be detrimental to the learning atmosphere.

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**7. Grade the following areas using the below criteria:**

1. Outstanding    2. Satisfactory    3. Below-Average    4. Area of Concern

**Academics:**

Religion     Reading Comprehension     Reading Fluency  
 Math     Spelling     Social Studies  
 Science     English/Writing

**Student Behavior:**

Completes Assignments/Homework \_\_\_\_\_    Brings materials to class/school \_\_\_\_\_  
Is prepared for tests/quizzes \_\_\_\_\_    Conduct \_\_\_\_\_

8. Number of days absent during this school year? \_\_\_\_\_

9. Has the child ever been suspended? If yes, please explain \_\_\_\_\_

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10. Reading Series and student level \_\_\_\_\_

11. Math Series and student level \_\_\_\_\_

12. In your dealings with parents, what is their attitude toward their child's learning and study habits?  
How have they cooperated with school policies and teachers' suggestions?

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13. Based on your knowledge and experience with this student, would you recommend him/her for an academically-based curriculum at Saint Joseph Catholic Parish School?

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Thank you for your cooperation and the extra time to fill in this form.

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Signature of person completing this form

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Date

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Printed Name

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Grade Level