



Saint Joseph Catholic Parish School

958 Epps Bridge Parkway, Athens, GA 30606

706-543-1621 FAX 706-543-0149

or email to: tina.bortle@sjsathens.org

SCHOOL RECOMMENDATION (Grades 6-8)

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 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 for the school year 2019-2020. 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, 2019-2020 _____
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.

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 _____

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?

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?

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

Signature of person completing this form

Date

Printed Name

Grade Level