



Faith | Excellence | Joy

QUEEN OF APOSTLES CATHOLIC SCHOOL

4409 Sano Street, Alexandria, Virginia 22312

Grades I-8 Teacher Recommendation

I give my permission for _____ to complete this Teacher Recommendation Form for my student, _____, and release all documents and transcripts to Queen of Apostles School.

Signature of Parent/Guardian

Date

Student's Full Name		Name of School	
Class level	Name of Recommender	Relationship to Student	Relevant Test performance
Attendance record	Please indicate below your recommendation of this student:		
<input type="checkbox"/> Very strongly recommend		<input type="checkbox"/> Confidently recommend	<input type="checkbox"/> Recommend with reservation
<input type="checkbox"/> Do not recommend			

Please circle the number that best describes this student I being below average and 5 being above average

Academic potential	I	2	3	4	5
Academic achievement	I	2	3	4	5
Relationships with adults	I	2	3	4	5
Effort / Initiative toward learning	I	2	3	4	5
Study habits / Time management	I	2	3	4	5
Intellectual curiosity	I	2	3	4	5
Attention span	I	2	3	4	5
Commitment to schoolwork	I	2	3	4	5
Ability to follow directions	I	2	3	4	5
Works well with groups	I	2	3	4	5
Works well independently	I	2	3	4	5
Ability to express ideas orally	I	2	3	4	5
Behavior	I	2	3	4	5
Leadership ability	I	2	3	4	5

Additional comments or concerns _____

Signature of referrer

Date