



ST. JEROME CATHOLIC SCHOOL

TEACHER/COUNSELOR RECOMMENDATION FORM

To the Teacher/Counselor: We appreciate your cooperation in completing this form. We treat this information as confidential. It will not be shared with parents.

Parent Signature _____

Name of Student _____ Applicant to Grade _____

TOPIC	USUALLY	SOMETIMES	RARELY
Follows directions			
Is cooperative			
Participates in activities			
Is able to focus on one task			
Follows classroom routines/rules			
Can work independently			
Relates well with peers			
Is comfortable with adults			
Is imaginative			
Exhibits positive self-image			
Is concerned for others			
Exhibits self-discipline			
Has good study habits			
Has good attendance			
Exhibits maturity			

Is parent supportive of school policies/rules? _____ YES _____ NO
 Is parent responsive to school's suggestion? _____ YES _____ NO
 Has applicant had any disciplinary problems this year? _____ YES _____ NO

If YES, please explain _____

_____ I highly recommend

_____ I recommend

_____ I recommend with reservations because _____

_____ I do not recommend because _____

Signature of Teacher/Counselor _____ Date _____

School _____ Phone _____