

Saint Elizabeth Catholic School

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Rockville, MD 20852
(301) 881-1824

www.stelizabethschoolmd.org

Confidential Teacher Recommendation

For students entering Grades 1-8

Name of Student _____ Birthdate ____/____/____
Application for Grade ____ I have known this candidate for ____ years/months.
My relationship has been that of _____. Date _____

We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. This form provides one way of getting to know the child and is reviewed with the full awareness that children are constantly growing, changing, and developing. Thank you for your help.

Please check the response which may pertain to each. We welcome any additional comments which you think would be helpful.

	Excellent	Good	Fair	Poor	Comments
Conduct					
Consideration for others					
Social relationship with peers					
Leadership ability					
Emotional maturity					
Self-confidence					
Integrity					
Sense of responsibility					
Relationships with adults					
Participation in extracurricular activities					