



Student Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

**Parent or Guardian**

**Please write your student's name in the space above, and then read and sign below.**

**This form is to be *filled out* by your student's current teacher and *signed* by an administrator (Guidance Counselor, Dean of Academics or Students, Assistant Principal, Principal, or other administrative personnel).** I understand and agree that the information contained on this School Recommendation form is confidential and will be used only in the admissions process and will become part of the student's permanent file. I also agree that this completed form will not be available to students, parents, or anyone outside of the Admissions Department, and I waive any right that I may have to access it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Teacher**

Please complete this entire form, and then have an administrator review and sign. As a current teacher, please evaluate the student based on your direct knowledge of him/her. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments.

**Administrator**

Please review and sign the form after it is completed by the teacher and return it to John Paul the Great Academy via U.S. mail, fax, and/or email.

**General Academic Ability**

- Above Average     Average     Below Average

**Academic Skills**

	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Follows directions						
Attentiveness during class / Ability to stay on task						
Transitions easily from one activity to another						
Participates in group discussions/activities						
Demonstrates ability to work independently						
Works cooperatively in a group						
<i>(Continued on next page)</i>						



<i>(Academic Skills Continued)</i>	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Has a good attitude						
Demonstrates appropriate energy level						
Is motivated and has a good work ethic						
Asks good and appropriate questions						
Practices academic honesty						
Completes classwork and homework on time						
Studies appropriately for assessments						
Organizes and cares for materials						
Works well under pressure						
Has outside help been recommended? (Circle)	Yes	No				
Has outside help been given? (Circle)	Yes	No				

If you indicated a score of 1 or 2, please provide additional comments \_\_\_\_\_

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**Personal Characteristics**

	Below Expectations 1	2	3	4	Exceptional 5	No Basis
Respects authority and is obedient						
Establishes friendships easily						
Maintains positive peer relations						
Manages conflict well						
Exhibits good citizenship / consideration for others						
Demonstrates appropriate behavior						
Demonstrates emotional maturity appropriate to age						



If you indicated a score of 1 or 2, please provide additional comments \_\_\_\_\_

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Please list three words that best describe the student:

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**FOR GRADES K - 4 ONLY: Physical Development**

	Excellent	Good	Needs Improvement	Comments:
Gross motor coordination				
Speech/articulation				
Fine motor coordination				
General health				

**Parent Information**

	Consistently	Usually	Seldom	Not Observed
Parent(s) reinforce at home the values of the school				
Parent(s) supports school policies and procedures				
Parent(s) attends school activities				
Parent(s) volunteers at the school				

To your knowledge, is the parent's(s') perception of the student consistent with the school's understanding of the student?

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**Additional Services**

Does the student receive services under (Circle YES or NO):    1508 plan/IEP    **Y / N**                      504 plan    **Y / N**

*\*If yes, please attach copy of complete plan.*



**Attendance**

Please indicate the number of each of the following for the present school year:

Tardies \_\_\_\_\_ Absences \_\_\_\_\_

Please share with us anything else about the student you think we should consider during the admissions process.

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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Printed Name: \_\_\_\_\_ Teacher Email: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Name: \_\_\_\_\_ Email: \_\_\_\_\_

***Please return this form to:***

John Paul the Great Academy

ATTN: Admissions Office

1522 Carmel Drive

Lafayette, LA 70501

Phone: 337.889.5345

Fax: 337.889.5347

Email: aangelle@jpgacademy.org

*Anna Angelle, Admissions Assistant*

Email: mollym@jpgacademy.org

*Molly McCracken, Admissions Director*