



St. James Catholic Elementary School

603 West Avenue

Gulfport, Ms 39507

228-896-6631 fax 228-896-6638

Confidential Teacher Reference Report

Parent/Guardian: Please have the student's present (most recent) teacher complete this report.

I understand the information on this report is confidential and will not be shared beyond the admission committee.

Parent/Guardian Signature _____ Date _____

Student Name _____ Application for Grade _____

School currently attending _____

School address _____

School telephone number _____

Length of time in this school _____ Attendance: Absent/Tardy _____

Please evaluate the following area by:

E=Excellent	G=Good	F=Fair	P=Poor	U=Unsatisfactory
____ Effort	____ Completes Assignments			____ Classroom Conduct
____ General Attitude	____ Concentration			____ Relationship with Teacher
____ Home Study Habits	____ Cooperation			____ Relationship with Peers
____ School Study Habits	____ Respects Authority			____ Parental Cooperation
____ Takes Pride in Work	____ Shows Initiative			

Present Reading Series _____ Reading Level _____

Present Math Series _____ Math Level _____

Based on the work that the student has completed in your school, please rate the total progress of this student:

- | | |
|--|--|
| <input type="checkbox"/> Outstanding | <input type="checkbox"/> Low Average |
| <input type="checkbox"/> Above Average | <input type="checkbox"/> Working below grade level |
| <input type="checkbox"/> Average | |

Discipline - Please Comment: _____

Has the students ever been recommended for or identified as needing:

- | | |
|--|--|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Grade Retention |
| <input type="checkbox"/> Special Education (Individual Education Plan) | <input type="checkbox"/> Language - Speech/Hearing |
| <input type="checkbox"/> Gifted Program | <input type="checkbox"/> ESL Education |

If checked, please explain: _____

Is there any other information that will assist us in our evaluation of this student? _____

Your position: _____

Signature: _____ Date: _____