



Valley Catholic Middle School English Teacher Recommendation Form

**TEACHER: PLEASE RETURN TO VCMS BY FRIDAY,
FEBRUARY 10, 2012**

The student named below has applied for admission to Valley Catholic Middle School. We would appreciate your assistance in completing this checklist to help us assess this student for admission. Thank you for your assistance.

Student's Name: _____ Date: _____

Parent's Name: _____

Current School: _____ Number of Years Attended: _____

Teacher's Name: _____ Signed: _____

Please rate the student on each of the items below:

Outstanding	[Always, almost always] [Superior]
Good	[Quite often]
Average	[Generally] [Fair]
Poor	[Rarely, never, seldom] [Below average]
N/A	[Does not apply; don't know, never observed]

Characteristics:	Outstanding	Good	Average	Poor	N/A
Ability to work independently					
Academic potential					
Academic performance					
Conduct/citizenship					
Cooperation with adults					
Honesty					
Leadership					
Motivation					
Participation in activities					
Relations with schoolmates					
Study habits					
Overall evaluation of student					

Academic Program:

Type of program for this student: Advanced Program Grade Level Program Slightly Altered Program
 Special Needs (IEP/504)

Please describe any variations from the average program made for this student (un-timed tests, copies of lecture notes, study partner, special tutoring):

Any significant health or physical disabilities that require special accommodations (Altered class schedules, wheel chair access, visual impairment or hearing impaired that requires an alteration to the regular classroom procedures): Yes No If yes, please describe:

Student Behavior:

Any significant behavior or personality problems: Yes No

If yes, please describe:

Has the student received any behavioral detentions/notices (Tardy to class, excessive talking, three or more uniform/dress code violations, swearing, cheating, etc.): Yes No

If yes, please describe:

If yes, were the parent(s)/guardian(s) notified? No Yes (Please circle: in writing, via phone, via e-mail, in person)

Any significant attendance problems (Absent or tardy more than 4 days a quarter): Yes No

If yes, please describe:

Parent/Guardian Support:

Have the student's parent(s)/guardian(s) shown support of the school by:

Attending parent informational meetings: Yes No

Attending parent/teacher conferences: Yes No

Supporting the school's policies (homework expectations, dress code, handbook): Yes No

Supporting the student's teacher(s): Yes No

Volunteering to help, when needed: Yes No

Student Activities:

What school activities has this student been involved with in the past two years: _____

What qualities would you like us to know about this student: _____

Overall Recommendation:

Valley Catholic Middle School is a highly academic middle school program. Students will see a minimum of six teachers in any given day and typically have 2 ½ - 3 hours of homework each evening. Given this information, what is your overall recommendation of this student:

Strongly Recommend Recommend Recommend with reservations Do not recommend

I would like a confidential telephone conference: Yes No Phone # _____

THIS RECOMMENDATION WILL REMAIN CONFIDENTIAL AND WILL NOT BECOME PART OF THE STUDENT'S PERMANENT RECORD. PLEASE BE CANDID.