

***Sign and submit this form to the child's current teacher and have them mail or fax directly to St. Michael School before the registration deadline. Use this form for the grade your child is applying to.

St. Michael Catholic School

Diocese of Galveston-Houston
1833 Sage Road, Houston, Texas 77056-3599
(713) 621-6847 Fax (713) 877-8812

Name of Student _____ Candidate for _____
Grade _____

Parent or Guardian

Parent or Guardian: Please write your child's name in the space above and read and sign the following before giving this to your child's teacher.

I understand and agree that the information contained on this Teacher Recommendation form is confidential and will be used only in the selection of candidates and will not become part of the candidate's permanent file. I also agree that this completed form will not be available to candidates, parents, or anyone outside of the Admission Committee, and I waive any right that I may have to see it.

Signature of Parent or Guardian *Date*

Teacher

Teacher: Please Mail or Fax this completed form directly to the Admission's Office at St. Michael School as soon as possible as the student's application cannot be processed until this form is received in the Admission's Office. As a current teacher, please evaluate the candidate based on your direct knowledge of him or her. Keep in mind that the applicant should be evaluated according to others of the same chronological age. The members of the Admission Committee thank you for your interest, cooperation, and honesty. Your comments will be held in strict confidence. Please check the appropriate boxes and include comments.

Teacher Recommendation Sixth - Eighth

- General Academic Ability**
- Superior
 High Average
 Average
 Below Average

Pre-Academic Development

	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Listens to and follows teacher's directions				
Is attentive to group discussions/activities				
Contributes appropriately to group discussions/activities				
Demonstrates ability to work independently				
Perseveres in spite of difficulty				
Works cooperatively				
Enjoys new challenges				
Demonstrates good visual perception				
Demonstrates good auditory memory				
Exhibits problem solving abilities				
Expresses written ideas clearly				
Expresses verbal ideas clearly				
Demonstrates good study skills and organization				
Is prepared for class				

Social Skills

	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Responds positively to constructive criticism				
Establishes friendships easily				
Is comfortable in a group				
Is respected by faculty				
Is respected by peers				
Demonstrates self control				
Respects others				
Takes responsibilities for belongings				
Demonstrates a sense of service to others				
Demonstrates appropriate behavior				
Exhibits emotional maturity				
Demonstrates integrity and honesty				

Physical Development

	<i>Excellent</i>	<i>Good</i>	<i>Needs Improvement</i>
Gross motor coordination			
Speech/Articulation			
Fine motor coordination			
General health			

Circle the words that best describe this applicant:

Aggressive	Honest	Immature	Disobedient	Self-disciplined
Mature	Oppositional	Vivacious	Manipulative	Conscientious
Over-protected	Social	Cheerful	Self-centered	Follower
Shy	Confident	Irritable	Easily discouraged	Perfectionist
Helpful	Witty	Responsible	Motivated	Positive leader
Anxious	Articulate	Well-liked	Organized	Negative leader

• Child's attendance: _____ regular _____ frequent absences _____ frequent tardiness

• If you have additional information that will be helpful to the Admission Committee in evaluating the candidate's application, please comment. If needed, use another sheet of paper. _____

Check one:

Highly recommended Recommended Recommended with reservation Do not recommend

If this answer is "Do not recommend" or "Recommended with reservation," please explain. _____

• I would like to be willing to discuss this applicant by telephone.

• Is there anything regarding the family that would be helpful for us to know? _____

Signature of Teacher: _____	Date: _____
Name of School: _____	Telephone: _____
School Address: _____	

**Director/Principal
Parental Involvement**

	<i>Usually</i>	<i>Frequently</i>	<i>Sometimes</i>	<i>Seldom</i>
Participates in school activities				
Supports school policies and procedures				

• Parent(s) attends conferences open house

Signature of Director/Principal: _____

Date: _____