



TEACHER'S RECOMMENDATION FORM

SECOND GRADE - EIGHTH GRADE

Parents: *Please complete the name and grade, read and sign the statement below, and send this form directly to the applicant's present school.*

Student's Name _____ Grade Applying for _____

Parent/Guardian: *I acknowledge that I waive my right to read the confidential teacher recommendations and the school report. I further hereby release St. Elizabeth's School from all liability pertaining to the disclosure of this information.*

Signature of Applicant's Parent or Guardian

To the Teacher:

This information is for admission use only and will not be included as a part of the student's permanent record. Thank you for your cooperation.

Please check the appropriate box.

Rating	superior	good	average	poor	unknown	Comments
Scholarship						
Intelligence						
Expression of ideas						
Reliability						
Study habits						
Creativity						
Cooperativeness						
Level of maturity						

Please take a few moments to answer the following questions:

1. Where do you place the applicant's current performance?

Below grade level _____ On grade level _____ Above grade level _____

2. Please list any strengths or weaknesses the student has in math.

3. Please list any strengths or weaknesses the student has in reading.

4. How successful do you think this student would be in a demanding academic setting?

Teacher Name _____ Position _____

Name (printed) _____ Telephone _____

School Name _____

Address _____

Thank you for your time. Please send this completed form to:

**St. Elizabeth's School
Admissions
3605 Martin Luther King Blvd.
Denver, CO 80205
Telephone 303-322-4209
Facsimile 303-322-4210**