



# Saint Brigid School

Student's Name: \_\_\_\_\_

Current School: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

### For Office Use

Received by: \_\_\_\_\_

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

## TEACHER RECOMMENDATION FORM

**Instructions Parents/Guardians:** Please fill in the information above, sign below, and give this form to your child's current teacher, along with a stamped envelope addressed to: **Director of Admissions, Saint Brigid School, 2250 Franklin Street, San Francisco, CA 94109.**

I hereby give my child's teacher permission to release information requested on this form to Saint Brigid School. I understand that I will not have access to the information provided.

Parent/Guardian signature \_\_\_\_\_

**To Current Teacher:** The above-named student has applied for admission to Saint Brigid School at the grade level indicated. Your knowledge of this student's characteristics will be of great help to us in evaluating this applicant, particularly with respect to features that may not be apparent from grades and test scores. Please mark the appropriate descriptions of the student's abilities and character and provide additional information about his/her strengths and weaknesses. The information will be held in strict confidence and will be used for admissions purposes only. Please mail the completed form directly to Saint Brigid School at the address listed above. Thank you for your time and assistance.

## ACADEMIC EVALUATION

**Overall academic achievement:**  Far below expectations  Below expectations  As expected  
 Above expectations  Far above expectations

**Language Arts:**  Below grade level  At grade level  Above grade level

**Mathematics:**  Below grade level  At grade level  Above grade level

**Effort/Motivation:**  Very limited  Limited  Sporadic  Usually good  Highly motivated

**Study habits:**  Disorganized or easily distracted  Acceptable  Well-organized and focused

**Group work skills:**  Great difficulty  Occasional difficulty  Usually effective  Always effective

**Independent play habits:**  Needs substantial help/supervision  Needs frequent help/supervision

Needs occasional help/supervision  Plays well independently

**Ability to follow directions:**  Has great difficulty  Needs substantial explanation/help

Needs occasional explanation/help  Responds quickly/effectively

**Attention span:**  Easily distracted  Occasionally distracted  Generally focused  Always focused

**Self-control:**  Needs frequent reminders  Needs occasional reminders  Exhibits good self-control

**Visual perception:**  Needs development  Average  Well developed

**Fine-motor skills:**  Needs development  Average  Well developed

- Gross-motor skills:**  Needs development  Average  Well developed
- Maturity:**  Very immature for age/grade  Somewhat immature for age/grade  Age/grade appropriate  
 Above average for age/grade  Very mature for age/grade
- Self-confidence:**  Low (needs substantial reassurance)  Moderate (needs some reassurance)  
 Has healthy self-image  Appears overly confident
- Consideration of others:**  Often considerate  Usually considerate  Extremely thoughtful
- Social interactions with peers:**  Relates poorly to peers  Has occasional minor problems with peers  
 Healthy relationship with peers  Extremely popular
- Class conduct:**  Causes frequent disruption  Occasional misconduct  Usually good  Very good
- Parent support:**  Overly protective  Cooperative/appropriately supportive  Indifferent
- Attendance:**  Frequently absent  Occasionally absent  Rarely absent  Excellent attendance

Student's strengths: \_\_\_\_\_

Student's weaknesses/areas of growth: \_\_\_\_\_

Achievement tests: Type \_\_\_\_\_ Date \_\_\_\_\_ Score \_\_\_\_\_

Does this child receive any special services or additional tutoring?  yes  no

If yes, please explain: \_\_\_\_\_

Are you aware of any medical problems or if the student is on any routine medications? \_\_\_\_\_

Is candidate in good standing and eligible to remain at our school next year?  yes  no

What is the recommended grade level for the coming year? \_\_\_\_\_

**What is your overall recommendations to Saint Brigid School for the admission of this child?**

- Recommend highly  Recommend  Recommend with reservation (please explain below)  
 Prefer not to make a recommendation  Do not recommend

Please provide any additional information relevant to your evaluation or recommendation: \_\_\_\_\_

Evaluation completed by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade or subject taught \_\_\_\_\_

Thank you for your assistance. If you have any questions, please contact Malia Peterson, Director of Admissions, at (415) 673-4523 or mpeterson@saintbrigidsf.org. Please mail this form directly to the Admissions Office at Saint Brigid School. 2250 Franklin Street San Francisco, CA 94109 **Phone:** (415) 673-4523 **Fax:** (415) 674-4187