



SACRED HEART CATHOLIC SCHOOL STUDENT RECOMMENDATION FORM



To the Parent: Please complete the information below and give this form to the students most recent Math or ELA Teacher or School Principal. By doing so, you understand that the information requested is confidential, and you waive the right to read this reference.

Student Name: _____	Date of Birth: _____
Current/Most Recent School: _____	Grade Entering: _____
Parent/Guardian Name: _____	Phone: _____
Parent/Guardian Signature: _____	Date: _____

To the Teacher or Principal: This form was designed to allow a confidential exchange of information about the student whose name appears above, your candid assessment of the applicant is very helpful in our admissions process.

Teacher/Principal Name: _____ Title/Position: _____
School Phone Number: _____ Email Address: _____

SKILLS	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Attention span					
Ability to focus in group situations					
Participation in group discussions					
Completes tasks independently					
Respect for classroom rules					
Transition between activities					
Responds to behavioral directions					
Enthusiasm for new activities					
Problem-solving ability					
Seeks assistance with tasks					
Takes Responsibility					
Grasps new concepts					
Uses material appropriately					
Exhibits self-help skills					

Social / Emotional	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Exhibits courtesy and respect					
Shows empathy toward peers					
Interaction with teachers					
Works cooperatively with peers					
Demonstrates self-control					
Shares well without prompting					
Imagination/Creativity					
Demonstrates ability to lead					
Demonstrates ability to follow					
Expresses feelings appropriately					
Shows self confidence					

Family Information	Consistently	Usually	Sometimes	Rarely	Comments
Communicates openly with School					
Participates in School activities					
Cooperates with classroom teacher					
Cooperates with administration					
Follows school rules and policies					

1. Has the student ever committed a serious infraction of the school's policies? If so, please explain.

2. Do you know of any specific problems that would hinder learning?

3. What do you consider the student's strong points?

Additional Comments (feel free to elaborate on the areas above or discuss academic readiness and potential)

Upon completion, please mail or email a copy of this form to our school office. This information will remain confidential.

Mail: Sacred Heart Catholic School
5752 Blanding Boulevard
Jacksonville, Florida 32244

Email: bcornelius@sacredheartjax.com