Sacred Heart Catholic School Office of Admissions 7th-12th Grade Teacher Recommendation - Math

Student's Name:			Date of Birth:					
Applying to:		School year:	□ 2013-2014 □	2014-2015				
☐ 7th ☐ 8th ☐ 9th ☐ 1	.0th □ 11th □ 12th			□ 2015-2016 □	2016-2017			
Dear colleague,								
The child listed above is applying for admission to Sacred Heart Catholic School. Our office finds candid evaluations quite helpful and appreciates your cooperation in giving as full an appraisal as possible for this student. These comments are especially important in determining the student's qualifications for acceptance. If you have additional comments, please attach a sheet or telephone the principal, Mr. Brian McCrory at (601) 583-8683. Thank you for your assistance. The parent's signature gives you permission to complete this form for us. Sacred Heart Catholic School Office of Admissions								
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Parent's Signature	Date	Parent's	Parent's Phone Number					
ACADEMIC PERFORMANCE	Excellent	Good	Average	Below Average	Poor			
Ability								
Math—Concepts								
Math—Computation								
Math—Application								
LEARNING CHARACTERISTICS	Excellent	Good	Average	Below Average	Poor			
Attention span								
Ability to follow directions								
Memory and retention								
Attitude towards school								
Ability to work independently								
Organization of work and material								
ATTENDANCE								
Number of absences in current school year:								
Number of tardies in current school year:								

SOCIAL & EMOTIONAL DEVELOPMENT	Excellent	Good	Average	Below Average	Poor			
Ability to relate to adults								
Cooperation with adults								
Emotional maturity								
Honesty								
Motivation								
Responsibility								
Self-confidence								
Parental support								
This student demands an excessive amount of	of time for:	Frequently	Sometimes	Seldom				
Learning								
Discipline								
Peer Relations								
To your knowledge, has the child ever bee attention-span or any other issues?	n evaluated l Yes	l by a psychologis □ No	st for concerns w □ Don't know		sion,			
Does this student have an IEP (Individualized Education Plan)? ☐ Yes ☐ No ☐ Don't know								
Has this child ever been sent home for behavioral problems at school/center? ☐ Yes ☐ No ☐ Don't know								
COMMENTS:								
Please print:								
Person completing this form: Name of School:			Positi 	on:				
Signature								

Please mail or fax completed form to: Sacred Heart Catholic School

Office of Admissions 608 Southern Avenue Hattiesburg, MS 39401 Telephone: (601) 583-8683

Fax: (601) 583-8684