



East Shoreline

Catholic Academy

A STREAM Model and Successor School of
Our Lady of Mercy and St. Mary Schools

TEACHER RECOMMENDATION FORM

_____ (student's name) has applied for admission to the _____ grade at East Shoreline Catholic Academy in Branford, CT. We are interested in knowing as much as possible about personality, past performance, and potential in order to judge whether or not East Shoreline Catholic Academy is the best place for this child. Your remarks will be kept confidential.

| | Excellent | Above average | Average | Below average | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Intellectual curiosity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic potential relative to fellow students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic performance relative to fellow students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Persistence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maturity relative to others of his/her age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work and play cooperatively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work independently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Skill Development

| | Excellent | Age Appropriate | Needs Development |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Is attentive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes tasks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses ideas well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepts constructive criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Development

| | Excellent | Age Appropriate | Needs Development |
|---|--------------------------|--------------------------|--------------------------|
| Small muscle development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large muscle development control/coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech/Pronunciation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|---|---|--|
| How much academic or personal supervision does the student need? | <input type="checkbox"/> Little supervision | <input type="checkbox"/> Some supervision | <input type="checkbox"/> Close supervision |
|--|---|---|--|

What do you think are the student's strengths?

What do you think are the student's weaknesses?

Please include any additional information that you feel might be of help (*e.g. description of any behavioral episodes, family situations, or functional disabilities*)

Your overall recommendation:

| | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Highly recommended | <input type="checkbox"/> Recommended | <input type="checkbox"/> Recommended with reservations |
|---|--------------------------------------|--|

| | |
|------------|-----------------|
| Your name: | Signature: |
| School: | Title/position: |
| Address: | |
| Phone: | |

Please return this form to:

Admissions Director
 East Shoreline Catholic Academy
 62 Cedar St. Branford, CT 06405
 call: 203.488.8386 email: admissions@eastshorelinecatholicacademy.org