

TEACHER RECOMMENDATION FORM



St. Paul's Lutheran School
 1010 Georgia Ave. Norfolk, NE 68701
 (402)371-1233

Scan and Email: amarkgraf@stpls.com (Aaron Markgraf, Principal)

The school named below has my permission to answer the following questions regarding:

Applicant's name: _____ Parent signature _____ Date _____

Most Recent Teacher: The student named above is an applicant for admission to St. Paul's Lutheran School. In order to give the candidate a full review, we ask that you provide the following information. **This form should be returned in a sealed envelope, or scanned and emailed to address above. All information will remain confidential.** Thank you for your cooperation.

School: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Teacher's Name: _____ Subject Area: _____

Length of time the student has attended your school: _____

Current Grade Level: Grade _____

Suggested placement for the coming school year: Grade _____

Has the student ever been recommended for, or identified as needing:

- a. Psychological Testing Yes _____ No _____
- b. Special Education Yes _____ No _____
- c. Gifted Program Yes _____ No _____
- d. Grade Retention Yes _____ No _____
- e. Tutoring Yes _____ No _____

Rate the following areas:	5 (Excellent)	4 (Good)	3 (Average)	2 (Below Avg.)	1 (Poor)
Reading					
Math					
Spelling					
Follows Directions					
Grasps Concepts					
Homework quality					
Homework timeliness					
Respect for classmates					
Responsibility					
Student interaction w/ others					
Conduct					
Parental Involvement					

Number of days absent during this school year _____

Has the child ever been suspended or expelled? _____ If yes, please explain _____

I recommend this applicant for admission to St. Paul's Lutheran School.
Without reservation
With reservation
Do not recommend

Please use the back of this form for any additional information that would be helpful.

Signed _____ Date _____ Telephone _____

