



Saint Saviour Catholic Academy

School Recommendation Form

This student has applied for admission to Saint Saviour Catholic Academy, which requires completion of the following form as part of the application. Please complete and mail or fax the form directly to:

Saint Saviour Catholic Academy
701 Eighth Avenue
Brooklyn, NY 11215-4203
Tel: 718-768-8000
Fax: 718-768-0373

Student's Name: _____ Entering Grade: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How long have you known this student and in what capacity?

What are the first three words that come to mind when describing this student?

1. _____ 2. _____ 3. _____

Please comment on noteworthy strengths and challenges of this student:
Academically:

Socially:

Please share your thoughts on this applicant's family, including the family's involvement/relationship with the school:

To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child? Please elaborate.

Have all financial obligations been met? (*confirm with school office*)

Academic Achievement	<input type="checkbox"/> below expectations	<input type="checkbox"/> better than tests	<input type="checkbox"/> good	<input type="checkbox"/> outstanding
Ability to work in group	<input type="checkbox"/> has great difficulty	<input type="checkbox"/> sometimes has difficulty	<input type="checkbox"/> usually effective	<input type="checkbox"/> always works well
Participates in discussion	<input type="checkbox"/> rarely contributes	<input type="checkbox"/> wants to dominate	<input type="checkbox"/> contributes occasionally	<input type="checkbox"/> joins in readily
Classroom conduct	<input type="checkbox"/> frequent disruptions	<input type="checkbox"/> occasional misconduct	<input type="checkbox"/> usually good behavior	<input type="checkbox"/> good conduct
Written expression	<input type="checkbox"/> poor	<input type="checkbox"/> limited	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Ability to work alone	<input type="checkbox"/> has great difficulty	<input type="checkbox"/> needs help	<input type="checkbox"/> needs help occasionally	<input type="checkbox"/> always works well
Ability to express ideas orally	<input type="checkbox"/> limited	<input type="checkbox"/> has some difficulty	<input type="checkbox"/> good	<input type="checkbox"/> exceptional
Daily preparation	<input type="checkbox"/> poor	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> excellent
Use of time	<input type="checkbox"/> needs assistance managing	<input type="checkbox"/> occasionally uses well	<input type="checkbox"/> usually uses well	<input type="checkbox"/> always uses effectively
Follows directions	<input type="checkbox"/> limited	<input type="checkbox"/> needs much explanation	<input type="checkbox"/> occasionally needs help	<input type="checkbox"/> quickly and effectively
Critical thinking	<input type="checkbox"/> rarely	<input type="checkbox"/> fair	<input type="checkbox"/> frequently perceptive	<input type="checkbox"/> exceptionally perceptive
Seeks help when needed	<input type="checkbox"/> limited	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always
Effort/drive	<input type="checkbox"/> easily distracted	<input type="checkbox"/> sporadic	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptionally good
Attention span	<input type="checkbox"/> frequently distracted	<input type="checkbox"/> occasionally distracted	<input type="checkbox"/> usually good	<input type="checkbox"/> exceptionally good
Leadership potential	<input type="checkbox"/> never initiates	<input type="checkbox"/> leads when given responsibility	<input type="checkbox"/> seeks opportunities and uses them well	<input type="checkbox"/> a natural leader
Observes rules and accepts school procedures	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always
Initiative	<input type="checkbox"/> easily distracted	<input type="checkbox"/> rarely shows initiative	<input type="checkbox"/> occasionally initiates	<input type="checkbox"/> often initiates
Curiosity	<input type="checkbox"/> limited	<input type="checkbox"/> occasional	<input type="checkbox"/> frequent	<input type="checkbox"/> consistent
Imagination	<input type="checkbox"/> little	<input type="checkbox"/> fair	<input type="checkbox"/> active	<input type="checkbox"/> highly developed
Integrity	<input type="checkbox"/> questionable	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> highly developed
Consideration of others	<input type="checkbox"/> rarely considerate	<input type="checkbox"/> sometimes considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> always thoughtful
Gets along well with peers	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> usually	<input type="checkbox"/> always

Saint Saviour Catholic Academy

Social adjustment with peers	<input type="checkbox"/> relates poorly	<input type="checkbox"/> has occasional problems	<input type="checkbox"/> usually relates well	<input type="checkbox"/> healthy relationships
Sense of humor	<input type="checkbox"/> rarely laughs or smiles	<input type="checkbox"/> fair	<input type="checkbox"/> good	<input type="checkbox"/> delightful
Self-confidence	<input type="checkbox"/> needs much assurance	<input type="checkbox"/> appears overly confident	<input type="checkbox"/> needs some support	<input type="checkbox"/> positive self image
Parent participation	<input type="checkbox"/> rarely involved	<input type="checkbox"/> overly involved	<input type="checkbox"/> sometimes involved	<input type="checkbox"/> appropriately involved

Is the student receiving support services (e.g. Speech, OT, PT, SEIT, SETSS)? Specify:

Please use the space below to add additional comments:

Thank you very much for your time and helpful information!

Signature: _____ Date: _____

Print Name: _____ Position: _____

If we have further questions, do we have permission to contact you? _____ Yes _____ No

If yes:

Phone Number: _____ Best time: _____

Email: _____

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701 EIGHTH AVENUE, BROOKLYN, NY 11215 ♦ 718.768.8000

www.saintsaviourcatholicacademy.org