



Northwoods Catholic School

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www.northwoodscatholic.org

TEACHER RECOMMENDATION FORM

Students Entering Second – Fifth Grades

To the parents or guardian: Complete the top of this form and submit it to your child's current teacher with an addressed, stamped envelope.

Date: _____

Student Name: _____ Applicant for Grade: _____

I give _____ my permission to answer the following questionnaire with regard to my child and I waive any right to view the contents of this form.

Parent or Guardian Signature

Name of Current School: _____

Address/City/State/Zip: _____

Telephone: _____

How long has your child attended this school? _____

For teacher use only:

SKILL	Excellent	Good	Satisfactory	Needs Improvement
General Attitude				
Effort				
Cooperation				
Relationship with Teacher(s)				
Social Maturity				
Emotional Maturity				
Intellectual Development				
General Health				
Motor Control				
Study Habits				
Attendance Record				

Reading Series and present level – Please explain: _____

Math Series and present level – Please explain: _____

Phonics series and present level – Please explain: _____

Please describe any difficulties (physical, emotional, mental, language barriers, family situations) which affect this student's progress:

Classroom Conduct – Please comment: _____

Behavior/Attitude, Work/Study Habits and Peer Relationships – Please comment: _____

Has the student ever been the recipient of a Special Services Program, i.e., a Learning Disability Resource Center, a Developmental Reading, English, or Math Program, or a Behavior Disorder Program? _____

Has the student ever been advised to participate in such a program? _____

Parent attitude and degree of involvement – Please comment: _____

Thank you for your cooperation and honesty in completing this evaluation. This form is confidential and will not be shared with parents. Please sign and send this completed form to Director of Admissions at Northwoods Catholic School or you may forward it by fax. **This student's application cannot be processed until this form is received in the admissions office.** Please indicate the best time for us to contact you, if necessary.

Signature of Teacher

Date

Best time to contact teacher: Day: _____ Time: _____ Phone Number: _____

Northwoods Catholic School admits students of any race, national origin and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of color, national or ethnic origin in admissions, educational policies, athletics or other school administered programs.