SAINT LOUIS
COVENANT SCHOOL

TEACHER RECOMMENDATION FORM (incoming 2nd – 8th grades)

Name of Applicant:_____ **Applying for Grade:**_____

The above-named student is seeking admission to Saint Louis Covenant School.

Please mail and/or e-mail completed form to Saint Louis Covenant School along with:

- Complete record/transcript of all grades from your school and current year-to-date grades. Please include all records from schools you received records from, inclusive of health and discipline. Kindly include your school's grading scale/marking system.
- All standardized test scores for achievement, ability and intelligence, FCAT, etc.
- Copies of any and all psycho-educational evaluations and reports including, but not limited to, 504 Plan, IEP, SLP or SEP on file.
- All health records, including immunization, speech, vision and hearing tests

This form will not be shared with the Applicant nor the Applicant's family. Please base your evaluation on comparisons with other students of the same age. Please check the appropriate column.

	Outstanding	Excellent	Average	Below Average	No Knowledge
Ability to live within rules	☐	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐	☐
Academic Achievement	☐	☐	☐	☐	☐
Academic Potential	☐	☐	☐	☐	☐
Attitude	☐	☐	☐	☐	☐
Cooperation in Classroom	☐	☐	☐	☐	☐
Concern for Others	☐	☐	☐	☐	☐
Parental Cooperation	☐	☐	☐	☐	☐
Respect given to Authority	☐	☐	☐	☐	☐

Please check if the applicant has ever been recommended for the following services or programs:

- ☐ Gifted
- ☐ Learning Disabled
- ☐ Remedial Math or Reading
- ☐ Impaired Vision
- ☐ Hearing/Speech/Language
- ☐ Other_____

Did the applicant participate? _____If so, in which service or program? _____
If no, why?_____

Is applicant eligible to re-enter your school for the next term? _____
If "no", please explain: _____

Has the applicant exhibited unsatisfactory adjustment to other students? _____

Does the applicant have any significant limitations (physical, emotional, social)? _____
If yes, please explain: _____

Has the applicant been disciplined by an administrator? _____
If yes, please explain: _____

Please explain any "yes" answers above or make any comments which would be helpful to our Admissions Process. Your comments will remain confidential.

_____

_____

Is there something you would prefer to discuss by phone? If so, please indicate the best number and time to call.

_____

Thank you for your time and effort in completing this evaluation.

Please mail and/or e-mail the completed evaluation to:
Saint Louis Covenant School, 7270 SW 120 Street, Pinecrest, Florida 33156
Attention: Admissions
Telephone: 305-238-7562 Ext. 1000
E-mail: admissions@stlcatholic.org

Signature: _____ **Date:** _____

Print Name: _____**Title:** _____

Contact email address: _____ **Contact phone number:** _____

School Name: _____

**IMPORTANT NOTE: In order for this completed Recommendation Form to be considered official, form must be received by Saint Louis Covenant School directly from the current School.*
*Thank you for your cooperation. **