



TEACHER RECOMMENDATION FORM

(First Grade through Eighth Grade)

Parents, please complete the top portion of this form and give to your child's current teacher with a stamped envelope addressed to Notre Dame Academy.

Student Name _____ Grade _____

School Name _____

Classroom Teacher: Thank you for taking the time to complete this evaluation. Your observations are an important part of this student's application and all information will be kept strictly confidential.

WORK HABITS	Excellent	Above Average	Average	Needs to improve
Curiosity				
Organization				
Initiative				
Creativity				
Attention span				
Ability to follow directions				
Completes assignments on time				
Ability to work in a group				
Ability to work independently				
Class participation				

ACADEMIC SKILLS	Excellent	Above Average	Average	Needs to Improve
Oral reading skills				
Reading comprehension				
Grammar skills				
Written expression				
Penmanship				
Knowledge of basic math skills				
Ability to grasp new concepts				
Math problem solving skills				
Overall academic ability				
Overall academic performance				

SOCIAL SKILLS	Excellent	Above Average	Average	Needs to Improve
Classroom conduct				
Maturity				
Peer relations				
Manners				
Integrity				
Ability to accept criticism				
Leadership				

Please comment on this student's academic strengths and weaknesses:

How would you characterize this student's social interactions with his/her peers?

Please list any special accommodations given to this student: _____

Please list any previous educational/psychological tests administered to applicant: _____

Is a second language spoken in the home of this student? _____

Please describe parental support/involvement at school: _____

Print Teacher Name _____

Teacher Signature _____ Date _____

Please return to:
 Notre Dame Academy Admissions Office
 4635 River Green Parkway Duluth, GA 30096