



St. James Catholic School  
603 West Avenue  
Gulfport, MS 39507  
228-896-6631

## Confidential Teacher Reference Report

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School currently attending \_\_\_\_\_

School address \_\_\_\_\_

School telephone number \_\_\_\_\_

Length of time in this school \_\_\_\_\_ Attendance: Absent/Tardy \_\_\_\_\_

*Please evaluate the following area by:*

**E=Excellent**

**G=Good**

**F=Fair**

**P=Poor**

**U=Unsatisfactory**

\_\_\_\_ Effort

\_\_\_\_ Completes Assignments

\_\_\_\_ Classroom Conduct

\_\_\_\_ General Attitude

\_\_\_\_ Concentration

\_\_\_\_ Relationship with Teacher

\_\_\_\_ Home Study Habits

\_\_\_\_ Cooperation

\_\_\_\_ Relationship with Peers

\_\_\_\_ School Study Habits

\_\_\_\_ Respects Authority

\_\_\_\_ Parental Cooperation

\_\_\_\_ Takes Pride in Work

\_\_\_\_ Shows Initiative

Present Reading Series \_\_\_\_\_ Reading Level \_\_\_\_\_

Present Math Series \_\_\_\_\_ Math Level \_\_\_\_\_

Based on the work that the student has completed in your school, please rate the total progress of this student:

☐ Outstanding

☐ Low Average

☐ Above Average

☐ Working below grade level

☐ Average

Discipline - Please Comment: \_\_\_\_\_

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

☐ Psychological

☐ Grade Retention

☐ Special Education (Individual Education Plan)

☐ Language - Speech/Hearing

☐ Gifted Program

☐ ESL Education

If checked, please explain: \_\_\_\_\_

Is there any other information that will assist us in our evaluation of this student? \_\_\_\_\_

Your position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This report must be returned and reviewed before registration is complete.

Mail directly or fax to: St. James Catholic School · 603 West Avenue · Gulfport, MS 39507  
Fax number: 228-896-6638