## SACRED HEART SCHOOL, COVINA CONFIDENTIAL TEACHER RECOMMENDATION FORM.

## THIS FORM IS FOR APPLICANTS OF GRADES 1-8 ONLY.

**TO THE PARENT:** As part of the admissions process at Sacred Heart School, we must receive a candid assessment of the applicant. The student's application will <u>not</u> be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as an <u>addressed</u> <u>and stamped envelope</u> in which to mail it directly to Sacred Heart School.

NAME OF APPLICANT: First	Middle	 Last		
Candidate for Grade: for the 2021-22 school y	year.			
School: Sacred Heart School 360 W. Workman St. Co	vina, CA 91723			
TO THE TEACHER: Thank you very much for your assistate most appreciated as we begin our review of the applicant's pealong with the applicant's most recent report card and Standars soon as possible.	ersonal characteristic	cs and academic o	redentials. Plea	se return this form,
ACADEMIC ASSESSMENT	Excellent	Good	Average	Below Average
Motivation				
Creative qualities	i			
Self-discipline		<u> </u>	<u> </u>	
Growth potential		<u> </u>	<u> </u>	<u> </u>
Achievement				-
Ability in relation to achievement				<u> </u>
Attendance in school				
CHARACTER ASSESSMENT	Excellent	Good	Average	Below Average
Leadership				-
Self-confidence				
Personality				-
Sense of humor				<u> </u>
Concern for others				<u> </u>
Emotional maturity				<u> </u>
Personal initiative				<u> </u>
Reaction to setbacks	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Respectful attitude to faculty				
Ability to work with others				

General conduct

Have you any reason to If yes, please explain be		ity?	-				
		ve force in his/her development	·				
If this student were to r	eapply to your school, would	you grant acceptance?					
Please check two of the f		rty for the following information)					
(pie	ase refer to the appropriate par	rty for the following information)					
	Parents/Guardians meet financial obligations. Parents/Guardians have difficulty meeting financial obligations. Parents/Guardians fail to meet financial obligations.						
	Parents/Guardians support school sponsored activities. Parents/Guardians do not support school-sponsored activities.						
Form completed by:	Name (please print)	Title	School Name				
Signature:							
Telephone Number:	(Where you may be reached	during the day)					

This form is to be mailed directly to:
Principal

Principal Sacred Heart School 360 W. Workman St. Covina, CA 91723

It may also be faxed to the Principal at (626) 967-8836