



Teacher Recommendation Form

_____ has applied for admission to grade _____

at Assumption Catholic School in Bellingham, WA. We value your insight as an educator and plan to use your feedback along with our in-house evaluation to make an accurate assessment of this student. Kindly fill out this form, scan and email it to us as soon as possible at theoffice@assumption.school. (rev. 11/12/2021)

Please indicate the student's behavior in each of the areas listed below:

ACADEMICS	Excellent	Good	Fair	Poor
Study Habits				
Motivation				
Ability to Learn				
Oral Communication Skills				
Ability to Work Independently				
Focus				

PERSONAL QUALITIES	Excellent	Good	Fair	Poor
Personal Conduct				
Self Confidence				
Concern for Others				
Respect for Class Expectations				
Collaboration Skills				
Emotional Maturity				

Are there any factors that have had an impact on this student's academic or social progress to date?

Has the student been placed in any special programs (accelerated classes, resource/learning specialist, etc.) or received any special learning accommodations or curriculum modifications (for example: extended time, oral testing, modified assignments, etc.)? _____

Does the student have an ISP, IEP or 504 Plan? Yes ☐ No ☐

Are there any additional comments that would be helpful in understanding this student?

I recommend this student with confidence ☐ I recommend this student with reservations ☐ I do not recommend this student ☐

Teacher's Signature _____ Date _____

School _____ Phone Number _____