



Inspiring Student Excellence; Rooted In Catholic Tradition

**CONFIDENTIAL RECOMMENDATION FORM
GRADES 1st - 8th**

Dear Parent, Please read and sign the below statement:

I acknowledge that I waive my right to read this Confidential School Recommendation for the above-mentioned student, once completed by the current and or previous teacher.

Name of Parent/Guardian

Signature

Date

Student's Full Name: _____

Current Grade: _____

	Above Grade Level	At Grade Level	Below Grade
<u>Subject Achievement Level</u>			
Math	_____	_____	_____
Reading	_____	_____	_____
English	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
<u>Study Skills</u>			
Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent assignments	_____	_____	_____
Group Work	_____	_____	_____
<u>Social Skills</u>			
Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Self help	_____	_____	_____
<u>Parental Support</u>			
Maintains contact	_____	_____	_____
Supports teacher in attaining academic academic and behavior objectives	_____	_____	_____
Evidences support of school program	_____	_____	_____

Does the student have any physical, academic or emotional problems of which you are aware? If yes, please comment below.	Yes	No
Has the student been retained at any time? If yes, which grade? _____	Yes	No
Has this student received any special services and or resources in the areas of speech, hearing, special education, assessment, etc? If yes, please comment below.	Yes	No
Have you recommended this student to receive any special services? If yes, please comment below.	Yes	No
Is this student able to remain on task?	Yes	No
Is this student focused in a small group?	Yes	No
Does this student interact well with peers?	Yes	No
Does this student have a good self-concept?	Yes	No
Does this student display acceptable behavior?	Yes	No
Does this student have good visual recall?	Yes	No
Does this student have good auditory recall?	Yes	No

COMMENTS:

Please promptly return this form directly to: St. Nicholas Catholic School
 ATTN: Admissions
 12816 El Monte Road, Los Altos Hills, CA 94022

Name: _____ School: _____

Signature: _____ Date: _____

May we contact you regarding this recommendation letter? Yes _____ No _____

Phone: _____ Email: _____

For questions, please contact the Admissions Office at (650) 941-4056 x203 Or email: stacyfrench@stnicholaslah.com
 or stnicholasadmin@stnicholaslah.com