

Immaculate Conception School

1901 Madison Street Clarksville, Tennessee 37043
 931-645-1865 Office 931-645-1160 Fax www.icschootn.org



Teacher Recommendation Form

Student Name: _____ Present Grade _____

Current School Name _____ Teacher _____ Subject _____

Please Note: The student above is applying for admission. All information is confidential, not available to parents or students, and is used only in the admission process.

How long have you known the student? _____ In what capacity? _____

ACADEMIC QUALITIES *(Please check the box that best describes the student compared with other students you have taught.)*

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Ability					
Performance					
Ability to work independently					
Ability to work in a group					
Ability to organize					
Class participation					
Thoroughness of assignments					
Timeliness of assignments					
Willingness to seek help when needed					
Intellectual Curiosity					
Creativity and originality of thought					
Ability to express ideas in writing					
Reading interest					
Academic Achievement					
Motivation					
Ability to express ideas verbally					
Ability to express ideas in writing					
Reading Comprehension					
Knowledge of basic math skills					
Accuracy in use of basic math skills					
Problem-solving ability (math)					
Understanding of underlying concepts (math)					

*Please comment on this student's academic strengths (persistence, motivation, initiative, etc.).

*In what areas does this student need improvement?

PERSONAL QUALITIES (Please check the box that best describes the student compared with other students you have taught.)

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Honesty					
Self-discipline/personal responsibility					
Maturity					
Persistence					
Reaction to criticism/setbacks					
Potential for leadership					
Respect of/relationship with peers					
Respect of/relationship with adults					
Attitude					
Self-confidence					
Leadership					

Please comment on the student as a person; consider character and emotional stability as well as social development.

Please comment on parent involvement and/or any particular needs of this student to be met by the school. Consider the parent’s educational support, cooperation and expectations and any special needs of the student.

Please compare this student’s academic achievement to his/her ability.

Please comment on the candidate’s talents, strengths, special skills, behavior, and chances for success in a strenuous academic environment.

Has the student ever been suspended, denied re-enrollment, asked to withdraw, or received disciplinary censure? If yes, explain.

SUMMARY (Please check the box that best describes the student compared with other students you have taught.)

	Truly Outstanding	Excellent	Above Average	Average	Below Average
Scholastic Promise					
Personal Promise					
Overall Recommendation					

I would like to further discuss this student by phone. Please call me at _____.
The best time to call is _____.

We truly appreciate the time you have invested in this student's application.

Your comments are valued.

Name (please print) _____

Signature _____

Our Mission

Immaculate Conception School, in partnership with Immaculate Conception Parish, believes our school is a place where Catholic faith and learning go hand in hand. Jesus is present in the lives of our students, faculty, and community. We respect the dignity of all life. Our words and actions will be kind and honest to show our respect for Jesus. We strive toward academic excellence and value life-long learning.