



Our Lady of Mercy School

149 Hzek Road ~ Madison, Connecticut ~ 06443 Phone 203-245-4393 ~ Fax 203-245-3498
www.olmschool.com

TEACHER RECOMMENDATION

_____ has applied for admission to the _____ grade at Our Lady of Mercy School. We are interested in knowing as much as possible about personality, past performance and potential in order to judge whether or not Our Lady of Mercy School is the best place for this child. Your remarks, of course, will be kept completely confidential.

Please indicate your present estimate of the student by a check.

	Excellent	Above Average	Average	Below Average	Poor
1. Intellectual curiosity	_____	_____	_____	_____	_____
2. Academic potential in relationship to fellow students.	_____	_____	_____	_____	_____
3. Academic performance in relationship to fellow students.	_____	_____	_____	_____	_____
4. Persistence	_____	_____	_____	_____	_____
5. Maturity in relation to others of his/her age	_____	_____	_____	_____	_____
6. Self esteem	_____	_____	_____	_____	_____
7. Ability to work and play cooperatively.	_____	_____	_____	_____	_____
8. Ability to work independently.	_____	_____	_____	_____	_____
9. Concern for others	_____	_____	_____	_____	_____

Skill Development

	Excellent	Age Appropriate	Needs Development
1. Is attentive	_____	_____	_____
2. Follows directions	_____	_____	_____

(over)

Excellent Age Appropriate Needs Development

- 3. Completes tasks _____
- 4. Willing to try activities _____
- 5. Expresses ideas well _____
- 6. Accepts constructive criticism _____

Physical Development

Excellent Age Appropriate Needs Development

- 1. Small muscle development _____
- 2. Large muscle development control/coordination _____
- 3. Speech/Pronunciation _____

Does he/she need close academic or personal supervision? Some supervision _____ Little supervision _____

What do you think are the student's areas of strength?

What do you think are the student's areas of weakness?

Please include any additional information that you feel might be of help (i.e. description of any behavioral episodes, family situations or functional disabilities)

Your overall recommendation:

Excellent _____ Above Average _____ Average _____ Below Average _____

Signature _____ Print Name _____

Position _____ School _____

Address _____

Phone _____

Upon completion, please return this form to:

Our Lady of Mercy School
149 Neck Road
Madison, CT 06443

Thank you for your help and cooperation