



Elementary Teacher Recommendation Form

This teacher recommendation form is to be filled out for all students entering grades 1 – 8 and submitted to Good Counsel Academy Elementary directly from the reference. No recommendation will be accepted from student or parent.

Applicant's Full Name: _____

Grade Entering: _____

Parents: Please print the applicant's name and grade, sign the waiver below and provide the teacher with this waiver, the recommendation form and a stamped envelope addressed to:

**Good Counsel Academy Elementary
Admissions
2 Broadway
Valhalla, NY 10595**

Waiver: I release all such references from any liability pertaining to this evaluation and waive the right to inspect the references provided on my child's behalf.

Parent's Name: (please print) _____

Parent's Signature: _____

Date: _____

**Phone: (914) 761 4423
Fax: (914) 997 4195
goodcounsel@gcaelem.net
www.goodcounselelementary.net**

Good Counsel Academy Elementary
 2 Broadway
 Valhalla, NY 10595
 (914) 761 4423 goodcounsel@gcaelem.net

A student applying to Good Counsel Academy Elementary is required to obtain a teacher, coach, counselor or administrator 's recommendation as part of the application process. Your time and effort filling out this information is greatly appreciated and will be held in confidence. Please note that you may access this form and submit electronically on our website: www.goodcounselelementary.net, mail to above address, or fax directly to (914) 997 4195.

Student's Name: _____ **Current Grade:** _____

1. In what capacity have you known this child? _____

2. Please note an adjective that would apply to this child's ability in the following areas:

Leadership _____
 Academics _____
 Communication Skills _____
 Critical Thinking _____
 Classroom Behavior _____
 Social Behavior _____

3. Considering all of the students you have taught or known during your professional career, please rank this student in the following categories:

	Excellent	Above Average	Average	Below Average
Academic Potential				
Academic Performance				
Creative Thinking				
Critical/Analytical Thinking				
Task Commitment				
Study Skills				
Time Management Skills				
Organizational Skills				
Intellectual Curiosity				
Verbal Skills				
Written Skills				
Mathematical Skills				
Ability to work with others				
Ability to follow multi-step direction				
Maturity				

4. What would you say is this student's strength?

5. What would you say is this student's weakness?

6. Has this student ever experienced disciplinary action that you are aware of? YES/ NO
If yes, please explain: _____

7. Is there anything else about this student that you would like to share?

Name of person completing this form: (please print) _____

Signature of person completing this form: _____

School Name: _____

School Address: _____

