



CONFIDENTIAL TEACHER RECOMMENDATION FORM

TO THE PARENT/GUARDIAN: Please complete the following information before giving this form to your child's current teacher.

I/we understand that this form is confidential. We will not look at the form and we assure the teacher completing the form that we will not attempt to do so.

We give permission to release the information on this form to Saint Brendan School to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

NAME OF APPLICANT: _____ CANDIDATE FOR GRADE: _____

Parent/Guardian Name (printed): _____ Phone #: _____

Relationship to student: _____

Signature: _____ Date: _____

TO THE TEACHER: Please complete both pages of this form, place in a sealed envelope and mail to Saint Brendan School no later than March 1st. Your observations about the academic performance and personal qualities of this candidate are very helpful to us. Your comments will be held in strictest confidence. Thank you in advance for your thoughtful and honest evaluation.

Please check the following categories as they apply to the students observed actions in the classroom and during extra-curricular school-related activities.

Skill	Excellent	Good	Average	Poor	Unable to Respond
Motivation					
Ability to work in groups					
Ability to work independently					
Sense of Responsibility					
Personal Relationships					
Initiative and Leadership					
Cooperation and Effort					
Conduct and Behavior					
Work and Study habits					
Integrity					
Demonstration of Faith					



Saint Brendan School

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Using the space below, please comment on the student's classroom behavior, habits, personal gifts and talents, and level of academic achievement. Please feel free to add any information about your observations of this student's peer relations, generosity, patience, character and respect for others.

Your recommendation for this candidate's admission to Saint Brendan School:

Recommendation	Strongly Recommend	Recommend	Recommend with Reservations	Do not recommend (Please explain)	Special Circumstance
Academically					
Observed Character					
Overall					

Printed Name of Teacher: _____ Subject taught: _____

Name of school: _____ School phone number: _____

Email address of Teacher (optional): _____

Signature (required): _____ Date: _____

We appreciate your time and effort. If you have any questions or concerns, please feel free to contact Saint Brendan School.