



Immaculata Catholic School
Since 1909

Confidential
Teacher Recommendation

Grades 1 - 8



721 Burch Avenue * Durham, NC 27701 * 919.682-5847 * fax 919.956.7073
moserg@icdurham.org

Please write a brief description of the applicant's strengths:

Please describe any areas of difficulty for the applicant, including but not limited to academics, social skills, peer relationships, language acquisition.

Please describe any learning disabilities or differences or other needs (physical, emotional, mental, counseling, family situations, etc.) that affect the applicant's progress:

Please describe any medical concerns (allergies, severe asthma, hearing loss, seizures, physical limitations) we should be aware of:

Does the applicant receive any support for learning (e.g. tutoring)? Please specify. _____

Check if any apply to the applicant: Takes Daily Medication Has Confidential File
Has Diagnosed Learning Differences Receives Tutoring _____

Has this applicant, to your knowledge, ever been suspended, expelled, or dismissed from school, camp, or other youth program? Yes No

Has this applicant, to your knowledge, ever been accused, charged, and/or convicted of a crime? Yes No

If yes, please explain: _____

Attendance Record: Satisfactory Unsatisfactory

Comments: _____

Please write a brief description of the attitude and involvement of parent(s):

Please rate the total progress of this applicant on the basis of the grade level work completed in his/her present school:

Outstanding Above Average Average Below Average

Do you recommend this applicant for promotion to the next grade? Yes No

Comments: _____

Dates you taught applicant: _____ Subject(s)and/or /Grade(s): _____

Teacher's Name (Please print) School Date

Signature School Telephone # Additional Contact #