

618 Putnam Pike, Greenville, Rhode Island 02828 ♦ Tel. (401) 949-1130 ♦ Fax (401) 949-1141 ♦ www.stphilipschool.com

## **TEACHER RECOMMENDATION FORM ~ GRADES 6-8**

SECTION I ~ Parent or guardian is to complete this information prior to giving it to the student's teacher(s).

has applied for admission to Saint Philip School.

I release you from any liability that could occur as a result of this teacher recommendation, and I waive my right to access.

Parent/Guardian Signature:

Date:

SECTION II ~ To be completed by one of the applicant's current teachers. Please supply the requested information and return this form as soon as possible directly to: Saint Philip School, Attn: Admissions, 618 Putnam Pike, Greenville, RI 02828 Fax: (401) 949-1141 ~ E-mail: office@stphilipschool.com

APPLICATIONS ARE CONSIDERED COMPLETE WHEN ALL DOCUMENTS AND FORMS ARE RECEIVED BY ADMISSIONS TEAM.

Please give three words that describe this student as a learner.

How long have you known this student?

What are this student's strengths or special gifts? (Please provide an example.)

What areas (if any) may need to be strengthened?

	YES	UNCERTAIN	NO
-		YES	YES UNCERTAIN

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How would you desc	cribe this student's parents' out	look toward the student and s	chool? (Check all that apply.)
Supportive	Domineering	Protective	Indifferent
Involved	Encouraging	Positive	Negative
Additional comments:			
	Is there anything else you w	ould like to share about this st	udent?
De ser han an			
Do you nave any conce	erns about the success of this st	udent in a nurturing and acad	emically rigorous environment?
Is the student currently on	an IEP or 504 Plan, or receivin	ng any classroom accomodatio	ns/modifications to achieve success?
	s, please describe the accommo		
Wh	at subjects do you teach? (Plea	se give a brief description of y	our courses.)

Thank you for your time and sincere evaluation of this student. Your recommendation will assist the Admissions Team of Saint Philip School, and the information you provide will be considered confidential. If you have any questions or comments, please contact Saint Philip School at (401) 949-1130, ext. 110.

SIGNATURE

SCHOOL

PRINTED NAME

GRADE TAUGHT

TELEPHONE

E-MAIL ADDRESS



618 Putnam Pike, Greenville, Rhode Island 02828  $\diamond$  Tel. (401) 949-1130  $\diamond$  Fax (401) 949-1141  $\diamond$  www.stphilipschool.com

## PARENT QUESTIONNAIRE ~ GRADES 6-8

**Parents:** Please respond to the following questions about your child, providing details where possible. Feel free to use additional paper if necessary.

STUDENT'S NAME	CURRENT SCHOOL
What is your child's most significant academic accomplis	hment? Social accomplishment? Other?
Outside of core academic subjects, what is your child inte	rested in?
Outside of core academic subjects, what is your clind inte	
Describe the homework routine and workspace for your o	child.
Describe how your child approaches challenges.	
What is the most significant challenge your child has face	d academically? Socially? Other?

Does this student have siblings? If yes, describe their typical interactions with each other.

Describe something your child has done/said that demonstrates his/her creativity and/or imagination.

Describe community service activities in which your child has taken part or shown an interest.

How would you describe your child's experience with religion and understanding of his/her faith?

Why are you interested in a Catholic education (specifically at Saint Philip School)? What are your expectations?

Is there anything else you would like us to know about your child or your family?

## Please check the box that, in your opinion, most closely describes your child's skills in each area.

1. Oral communication skills (conversation skills and communicating needs/wants) Developing ------ Proficient ----- Above Average 2. Ability to follow directions (with minimal support/reminders) Developing ------ Proficient ----- Above Average 3. Listening skills Developing ------ Proficient ----- Above Average