



# Saint Philip School

*Teaching truth, building community, and inspiring service*

618 Putnam Pike, Greenville, Rhode Island 02828 ✧ Tel. (401) 949-1130 ✧ Fax (401) 949-1141 ✧ [www.stphilipschool.com](http://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](mailto: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?**

ATTENDANCE & HEALTH	YES	UNCERTAIN	NO
Does this student			
... attend school on a regular basis?			
... arrive to school on time most days?			
... appear to have good health and stamina?			
... have allergies that prevent involvement in classroom activities?			
Additional comments:			

<b>ACADEMIC SKILLS</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
Written expression			
Oral expression			
Willingness to take risks			
Initiative and innovation			
Participation in class			
Reaction to criticism			
Consideration of others' ideas			
Independence			
Sense of responsibility			
Creativity			
Study habits			
Application of knowledge and skills			
Self-discipline			
Honesty/integrity			

Additional comments:

<b>SOCIAL/EMOTIONAL</b>	<b>ALWAYS</b>	<b>MOST OF THE TIME</b>	<b>SOME OF THE TIME</b>	<b>RARELY</b>	<b>NEVER</b>
-------------------------	---------------	-------------------------	-------------------------	---------------	--------------

Does this student

... willingly and cooperatively participate in small-group activity?					
... show concern for using materials and equipment appropriately?					
... show leadership skills among classmates?					
... assist in classroom duties and responsibilities consistently?					
... attend to instructional time with few reminders?					
... need redirection more often than other students of the same age?					
... treat other adults and classmates with respect/compassion?					
... follow directions?					
... have self-control?					
... have a good attitude?					
... display emotional maturity?					
... display emotional stability?					

Additional comments:

<b>ATTENTION</b>	<b>YES</b>	<b>UNCERTAIN</b>	<b>NO</b>
------------------	------------	------------------	-----------

Does this student

... easily transition from one classroom activity to another?			
... continue an activity without constant attention or encouragement?			
... continue a task until completed or time to stop?			
... usually accept limits set by an adult?			

Additional comments:

**How would you describe this student? (Check all that apply.)**

Determined	Selfish	Negative	Competitive
Cooperative	Liked	Focused	Disliked
Advanced academically	Average academically	Below average academically	Motivated
Tolerated	Easily distracted	Well organized	Artistic
Athletic	Responsible	Needs discipline	Defiant
Silly	Immature	Mature	Enjoys school
Dislikes school	Self-directed	Catches on easily	Needs to be challenged

Other:

**How would you describe this student's parents' outlook toward the student and school? (Check all that apply.)**

Supportive	Domineering	Protective	Indifferent
Involved	Encouraging	Positive	Negative

Additional comments:

**Is there anything else you would like to share about this student?**

**Do you have any concerns about the success of this student in a nurturing and academically rigorous environment?**

**Is the student currently on an IEP or 504 Plan, or receiving any classroom accommodations/modifications to achieve success?  
If yes, please describe the accommodations/modifications made for this student.**

**What subjects do you teach? (Please give a brief description of your 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