



St. Lawrence Elementary & Middle School

1977 St. Lawrence Drive
Santa Clara, CA 95051
(408) 296-2260

RECOMMENDATION FORM ONLY

(Not a request for CUM FOLDER)

To applicant: Please fill in the upper portion of this form including Parent Authorization for Release of Records and give to your principal, teacher or counselor. They will mail it to us in the envelope provided.

STUDENT NAME: _____ APPLYING FOR GRADE _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

STUDENT ADDRESS: _____ TELEPHONE: _____

PRESENT SCHOOL NAME: _____ TELEPHONE: _____

ADDRESS OF SCHOOL _____

PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND RECOMMENDATION

The undersigned hereby consents to release to St. Lawrence Elementary & Middle School a copy of all educational or psychological records for the above named student, including grades, test scores, recommendations and other information as may be requested.

Signature of parent of legal guardian

Date

TO THE PRINCIPAL, TEACHER OR COUNSELOR: The above named student is an applicant for admission into grade _____. We are requesting grades, test scores, and a recommendation. This information is essential in evaluating the student. DO NOT SEND CUM FOLDER! Thank you for your cooperation.

A. ACADEMIC RECORD	1 st	2 nd		1 st	2 nd
	Sem.	Sem.	<u>Last year's grades</u>	Sem.	Sem.
<u>Current year's grades</u>					
Reading	_____	_____	Reading	_____	_____
English	_____	_____	English	_____	_____
Math	_____	_____	Math	_____	_____
Social Studies	_____	_____	Social Studies	_____	_____
Science	_____	_____	Science	_____	_____
Conduct	_____	_____	Conduct	_____	_____

B. TESTING RECORD:

Please send us a copy of this student's most recent standardized test scores.

<u>Study Skills</u>	Very Good	Average	Below Average
Homework	_____	_____	_____
Use of class time	_____	_____	_____
Independent assignments	_____	_____	_____
<u>Social Skills</u>			
Interaction with peers	_____	_____	_____
Interaction with adults	_____	_____	_____
Self-help	_____	_____	_____

	Yes	No
Is this student able to remain on task?	_____	_____
Is this student focused in a small group?	_____	_____
Does this student interact well with peers?	_____	_____
Does this student have good self-concept?	_____	_____
Does this student display acceptable behavior?	_____	_____

C. PARENTAL SUPPORT

	Yes	No
Maintains contact with teacher	_____	_____
Supports teacher in attaining academic & behavioral objectives	_____	_____
Evidences support of school program	_____	_____

D. RECOMMENDATION

Highly recommended _____ Recommended with reservations _____ Prefer not to make recommendation _____

COMMENTS: _____

All evaluations are confidential and will be used solely to determine suitability for admissions and placement.

SIGNATURE _____

TITLE _____

SCHOOL _____

TELEPHONE _____