

## Holy Cross Academy

### Grade 1-8 Teacher Recommendation Form

**To the parent/guardian:** Please complete the following portion of this form and give it to your child's teacher. Your signature acknowledges your permission to share this information with our school.

**Students in grades 1-5 will return one recommendation form from their classroom teacher. Applicants for grades 6-8 should submit recommendation forms from both their math and English teachers.**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade Level in 2025-26: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To the teacher:** This form is designed to allow Holy Cross Academy to learn more about the educational background and needs of the student whose name appears below. Thank you in advance for taking the time to complete this information.

I have known this student \_\_\_\_\_ years, \_\_\_\_\_ months.

*Your evaluation is used solely for the admissions process.*

ATTENDANCE AND HEALTH	MOST OF THE TIME	SOMETIMES	RARELY
How often does this student			
...attend school on a regular basis?			
...arrive at school on time most days?			
...appear to be in good health?			

ACADEMIC SKILLS	Excellent	Above average	Average	Below Average	Poor
Written expression					
Oral expression					
Participation in class					
Reaction to criticism					
Consideration of other's feelings					
Independence					
Sense of responsibility					
Creativity					
Study habits					
Self-discipline					
Honesty/integrity					

Current reading instructional level: \_\_\_\_\_ Current math instructional level: \_\_\_\_\_

If the child requires any special accommodations please describe them below:

---

---

ATTENTION	YES	UNCERTAIN	NO
Does this student			
...easily transition from one activity to another?			
...continue an activity without constant attention?			
...continue a task until completed or time stopped?			
...usually accepts limits set by an adult?			

SOCIAL EMOTIONAL	Always	Most of the time	Some of the time	Rarely	Never
Does this student					
...willingly and cooperatively participate in groups?					
...show concern for using materials appropriately?					
...show leadership skills among classmates					
...need redirection more often than other students?					
...treat other adults and classmates with respect?					
...follow directions?					
...have self-control?					
...display emotional maturity?					

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

<input type="checkbox"/> Competitive	<input type="checkbox"/> Negative	<input type="checkbox"/> Well liked	<input type="checkbox"/> Determined
<input type="checkbox"/> Motivated	<input type="checkbox"/> Focused	<input type="checkbox"/> Average academically	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Artistic	<input type="checkbox"/> Below average academically	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Advanced academically
<input type="checkbox"/> Defiant	<input type="checkbox"/> Well organized	<input type="checkbox"/> Responsible	<input type="checkbox"/> Athletic
<input type="checkbox"/> Enjoys school	<input type="checkbox"/> Needs discipline	<input type="checkbox"/> Immature	<input type="checkbox"/> Silly
<input type="checkbox"/> Needs to be challenged	<input type="checkbox"/> Mature	<input type="checkbox"/> Self directed	<input type="checkbox"/> Dislikes school

Please use the space below to elaborate on any of the sections above or to share information that would be helpful in meeting the needs of this child.

---



---



---



---



---

Teacher's Name

Signature

School Phone Number:

Email address

**Upon completion, please return this form via mail, fax, or electronic message.**

Mail: 250 Stafford Lakes Parkway, Fredericksburg, VA 22406

Email: djames@holycrossweb.com

Fax: 540-286-1625