



HOLY FAMILY CATHOLIC ACADEMY
 2323 CHEYENNE STREET 972.255.0205
 IRVING, TEXAS 75062 FAX 972.252.0448
 EMAIL: ADMIN@HFCA-IRVING.ORG

1st-8th Teacher Recommendation Form

Student's Name _____ Present Grade _____

School currently attending _____

To the Parent: Please sign and submit this form to your child's current teacher.
 I waive my right of access and that of my child to this teacher evaluation form.

To the Teacher: Please assess this student as compared with his/her peers. We appreciate your time and effort in completing this evaluation. Be assured that all of the information you provide will be held in strict confidence. Please mail or fax this form directly to Administration, Holy Family Catholic Academy..

Parent Signature: _____

Date: _____

Academic Attributes	Top 10 %	Above Average	Average	Below Average
Knowledge of basic skills				
Intellectual curiosity				
Reasoning				
Ability to grasp new concepts				
Writing skills				
Reading skills				
Math skills				
Oral communication				
Academic achievement				
Future academic potential				

Personal Attributes

Determination				
Relationships with peers				
Fine motor skills				
Ability to work in groups				
Ability to work independently				
Response to feedback				
Attention span				
Ability to follow directions				
Citizenship				
Developmental maturity				
Organization				
Creativity				

Attendance Record

Number of absences, year to date	
Number of tardies, year to date	

1. Please circle the words that best describe this applicant:

Cheerful	Cooperative	Diligent	Manipulative	Kind
Perfectionist	Honest	Confident	Disobedient	Shy
Assertive	Insightful	Distractible	Motivated	Self-centered
Follower	Intellectual	Independent	Leader	Instigator
Social	Easily discouraged	Irritable	Compassionate	Conscientious
Trustworthy	Articulate	Self-disciplined	Anxious	Responsible
Respectful	Self-aware	Socially responsible	Caring	Fair

2. In what areas does this student show the greatest strength and/or creativity?

3. In what area(s) is this student weakest?

4. Has outside help, tutoring, or testing been recommended? _____

If yes, please elaborate:

5. Please describe parental support and attitude towards the school.

6. Additional Comments:

Teacher Name (Please Print): _____

Email: _____

Subject(s) you teach this student _____

How long have you known this student? _____

Signature: _____ Date: _____