

SCHOOL RECOMMENDATION FORM



Ascension Lutheran School
17910 S. Prairie Ave.
Torrance, CA 90504
310.371.3531 phone
310.214.4657 fax

Student's Name: _____

Current School: _____

Please rate the above named student's preparation and potential by using the following scale:

5 - Excellent 4 - Above Average 3 - Average 2 - Below Average 1 - Poor 0 - Needs special help

	Overall academic capabilities (as indicated by standardized test results)
	Application of capabilities (effort made to apply ability to school work)
	Oral communication skills (how well the student speaks)
	Written communication skills (how well the student writes)
	Self-discipline: Relates well with peers (gets along with other students)
	Self-discipline: Respects school rules (tries to do what is right)
	Self-discipline: Respects authority (accepts discipline)
	Overall classroom behavior (how does behavior compare to peers)
	Spiritual respect (respects school's religious program)

Does this student have an IEP? yes no A 504 plan? yes no

Has this student had major disciplinary action (suspensions/referrals) in the past two years? yes no

If yes, please describe: _____

Do parents support teachers and reinforce discipline? yes no

Have parents met financial obligations to the school? yes no If no, please explain: _____

Are parents receiving tuition assistance: yes no

Please attach a copy of the most recent report card. If not available, please list grades below:

<input type="checkbox"/> English	<input type="checkbox"/> Math	<input type="checkbox"/> Science	<input type="checkbox"/> Other _____
<input type="checkbox"/> Reading	<input type="checkbox"/> Art	<input type="checkbox"/> Music	<input type="checkbox"/> Other _____
<input type="checkbox"/> P.E.	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Other _____	

Yes, I recommend this student. If yes, please indicate: Strongly Fairly strongly With reservation

No, I do not recommend this student. If no, please explain on back of page or attach another sheet for fax.

Signature of teacher or principal: _____ Date: _____

Please return via fax or in a sealed envelope to Ascension Lutheran School at address listed above.