

# 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.*