



St. Joseph High School • 80 Willoughby Street • Brooklyn, NY 11201

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TEACHER RECOMMENDATION ELA

ENGLISH / ELA CONFIDENTIAL

Parent/Guardian: Please submit this form to your daughter's ELA teacher at her current school.

This form will be used to prepare the student's program and will not become part of her cumulative folder; therefore, this form will not be open to general review.

Name of Student: _____

Current School: _____

Student Rating	Outstanding	Good	Average	Below Average
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•Commitment to Learning				
•Attention to Goals				
•Inclination to Complete Tasks				
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•Concerned with the Welfare Of Others				
•Respectful of Property				
Initiative/Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Well with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work and Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Student's Current ELA Level: (Please check one)

- Remedial At Level Advanced SETTS (Student has IEP on File)

Is there additional information you think might be helpful for us to know about this student?

Signature: _____

Email: _____

Please mail, fax or email on or before February 15, 2017: