

31 So. Chestnut Street **Sacred Hearts School**
Tel. (978) 372-5451

Bradford, MA 01835

CLASSROOM TEACHER RECOMMENDATION FORM

I have applied for the admission of my child, _____, into
grade _____ at Sacred Hearts School in Bradford, MA. SHS would appreciate your
evaluation of the following. Thank you. _____

Parent's signature

General Behavior: Poor _____ Fair _____ Good _____ Excellent _____

Comments:

Study Habits: Poor _____ Fair _____ Good _____ Excellent _____

Comments:

Scholastic Standing: Poor _____ Fair _____ Good _____ Excellent _____

Comments:

Does this student need extra help, remediation, modified work or special ed.?

Please explain:

Teacher's signature _____ Date _____
School Name, Address _____

**Please attach the latest copy of the student's report card and return or fax
both as soon as possible directly to SHS. Thank you for your time and
cooperation in giving us this reference.**