



Recommendation Form Required for Students Applying for Admission to Grades 1-8

Parents: Please complete only the boxed portion of this form and return it to Incarnation School with your Admission Application. This form is required as part of the Admission process for grades 1-8.

Student's Full Name _____	Birthdate _____
(Last) (First) (Middle)	
Current School _____	Current Grade _____
School Address _____	
City, State, Zip _____	
I give my permission for this form to be completed and returned to Incarnation School with copies of specific records listed below. This is not a withdrawal or request for Transfer of Records.	
Parent/Guardian Signature: _____	Date: _____
Parent/Guardian Name (please print) _____	

Dear Teacher / School Official: This recommendation form is required for admission in order to assist with placement and give incoming students the best chance for academic success. We ask that this form be completed fully by the student's current teacher or other school official. Thank you for your time and assistance.

Please include copies of the following:

- Report Cards for all years in attendance OR Permanent Record Card showing grades for all years and the most current report card
- Standardized test scores / proficiency test scores
- Attendance records (if not included on report cards or permanent record card)
- Discipline Records
- Any IEP/ISP (Individualized Educational / Service Plan) and ETR (Evaluation Team Report), 504 Plan or School Accommodation Plan

Level of Coursework

Student is currently working:	Above Grade Level	On Grade Level	Below Grade Level
English / Reading			
Math			
Science			
Social Studies			

Academic Behavior

	Excellent	Good	Average	Below Average
Academic Motivation				
Completion of Assignments				
Knowledge of Basic Skills				
Study Habits				
Class Participation				
Attendance				

Personal Qualities

	Excellent	Good	Average	Below Average
Honesty / Integrity				
Respect for Authority				
Responsibility				
Ability to Work/Play with Peers				
Emotional Stability				

Diagnosed disabilities and/or special services:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Resource Room |
| <input type="checkbox"/> Speech / Language Services | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Remedial Math | <input type="checkbox"/> Outside Tutoring |
| <input type="checkbox"/> Remedial Reading | <input type="checkbox"/> Gifted Program |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Additional Comments: _____

 Signature of Teacher / School Official completing form Date

 Printed Name and Title

Please send this completed form with attachments by mail or email to:

Mrs. Kim Shields, Registrar
 Incarnation Catholic School
 45 Williamsburg Lane
 Centerville, OH 45459

Kim.Shields@Incarnation-school.com