

Our Lady of the Lake Catholic School
3520 NE 89th St. Seattle, WA, 98115 ♦ p.206-525-9980 ♦ f.206-523-2858

SUMMER SCHOOL
Student Recommendation Form
For Summer School students entering grades 1-5
(Not required for current OLL Students)

Dear Teacher,

The student listed below has applied to attend the summer Slingerland program at Our Lady of the Lake Catholic School. You have been listed as a reference; therefore, we would greatly appreciate your thoughtful evaluation of the student in the areas listed below. Your comments are not only extremely helpful in the process of potentially accepting this child in our summer school, but will also be held in strict confidence, if desired, by designating this stipulation in the space provided on the form. Thank you for your time.

Student Name _____ Current Grade _____

Teacher Name _____ School _____

Confidential recommendation _____ Non-confidential recommendation _____

1) I have known the applicant for _____ year(s) in my capacity as _____

2) How do you hope this student will benefit from this 3-week reading/ELA program?

3) Please rate the applicant, circling only one number per row, in the following areas
(5 representing frequent behavior and 1 representing rarely demonstrated behavior):

Behavior Observed	Often				Rarely
	5	4	3	2	1
Motivation	5	4	3	2	1
Initiative	5	4	3	2	1
Curiosity	5	4	3	2	1
Self Confidence	5	4	3	2	1
Social Skills	5	4	3	2	1
Study Habits	5	4	3	2	1
Sense of Humor	5	4	3	2	1
Peer Relations	5	4	3	2	1
Adult Relations	5	4	3	2	1
Resilience	5	4	3	2	1

4) Please evaluate the applicant's academic development by circling the appropriate number beside each item (5 indicating highest achievement and 1 indicating lowest):

Academic Development	Highest				Lowest
Handwriting Skills	5	4	3	2	1
Spelling Skills	5	4	3	2	1
Reading Skills	5	4	3	2	1
Works well in a group	5	4	3	2	1
Can work independently	5	4	3	2	1
Shows interests in learning	5	4	3	2	1
Employs good study habits	5	4	3	2	1

5) What academic/behavior supports are in place for this student?

6) We welcome any additional observations that would help OLL staff determine whether this student and Our Lady of the Lake Catholic School represent a good match. You may wish to take this opportunity to describe in greater detail the applicant's level of maturity, learning style(s), or any other related special needs.

If we need further information, may we call you? Yes No Phone: _____

Signature: _____ Date: _____

Please return this recommendation as soon as possible to Our Lady of the Lake Catholic School. This recommendation will be considered confidential (if indicated in the space provided) and will therefore not become part of the student's records should he or she be admitted.

Return to : bmeyer@ollseattle.org or fax to 206 523 2858