



Holy Family Catholic School

Challenging the mind. Inspiring the heart.

Teacher Reference Form – Grades 2 - 8

Math or Language Arts Teacher Reference Form Grades 2 - 8

Instructions to Parent/Guardian: Please complete above the dotted line of this form and give to your child’s current teacher. The teacher should return the questionnaire directly to Holy Family.

Applicant’s Name _____ Current Grade _____
Last First

My son/daughter is applying for admission to Holy Family Catholic School. Please complete this form and return directly to the school. I hereby authorize conversation and records sharing between the two schools. I agree to hold the School identified below and its Administrator harmless for information provided in this questionnaire.

Parent/Guardian Signature _____ Date _____
.....

School Name _____ Teacher Name _____

What subject and grade level do you teach this student? _____

Your candid evaluation of the student will be important to a good admission decision for this student. Please use the back of this form for any additional comments. All information provided will be held in strict confidence pursuant to Diocesan School Policy 310 and will be disclosed only to members of the Holy Family school administration.

| Criterion | Exceptional | Above Average | Average | Below Average | Poor |
|------------------------|-------------|---------------|---------|---------------|------|
| Work Habits | | | | | |
| Participates in Class | | | | | |
| Completes Assignments | | | | | |
| Prepares for Exams | | | | | |
| Behaves Appropriately | | | | | |
| Works on Grade Level | | | | | |
| Parents are Supportive | | | | | |

Comments _____

Teacher Signature _____ Date _____

This form should be completed by the teacher and returned directly to:

Holy Family Catholic School Admission Office
9400 Neenah Avenue
Austin, Texas 78717
Fax: (512) 246-4454
evento@holyfamilycs.org