

Dear Teacher,

Your student, _____, is considering attending Holy Cross Catholic School. We would appreciate your input on this student’s academic ability and potential. The Family Education Rights and Privacy Act of 1974 entitles parents to inspect these letters unless they waive this right. Please note the parent’s choice below. Please return this directly to Holy Cross Catholic School. Thank you for your assistance.

Parents: please indicate your choice before handing this form to your child’s teacher.

I waive my right to examine this confidential information

I maintain my right to examine this confidential information

Signature: _____

Academic Rating	Excellent	Good	Average	Below Average	Unable to Measure
Academic Achievement					
Reasoning Ability					
Basic Skills					
Accuracy					
Preparation for Class					
Motivation					
Personal Rating	Excellent	Good	Average	Below Average	Unable to Measure
Character/Sense of Honor					
Self-Confidence					
Peer Relationships					
Concern for Others					
Accepts Responsibility					
Conduct/Self-Discipline					

Holy Cross Catholic School

How long have you known this student? Please tell us what topics you have been working on in your class, and how well this student has mastered them.

What are the strengths of this student?

In your experience, does this student struggle with any academic difficulties? What factors influence his/her performance?

Is there anything else we should be aware of?

Name: _____

Signature: _____

If you need more space, please attach a separate sheet. Thank you!