



Guidance Counselor/Administrator  
Recommendation Form

The following information may be used to make academic placement decisions for this student as well as helping with any other guidance issues. This form should be completed by the current guidance counselor or administrator. *All information will be kept strictly confidential.*

Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Current School \_\_\_\_\_

Is this student eligible for re-enrollment at your school? If not, please explain.

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Please explain any behavioral problems that you are aware of that may affect this student's academic or social success at ICCS.

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Please explain any family circumstances that you are aware of that may affect this student's academic or social success at ICCS.

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Please list any accommodations that are currently being given at your school.

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Other comments and/or recommendations:

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Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax or mail to: Immaculate Conception Admissions Office  
1669 Central Avenue Memphis, TN 38104  
(901) 435-5309 Fax: (901) 725-2715



English Teacher  
Recommendation Form

The following information may be used to make academic placement decisions for this student. This form should be completed by the current English teacher. *All information will be kept strictly confidential.*

Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Current School \_\_\_\_\_

Current Level (check one):                      Honors \_\_\_\_\_ Standard \_\_\_\_\_ Developmental \_\_\_\_\_

What are the student's strengths in this subject area?

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What are the student's weaknesses in this subject area?

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Using the following scale, please rate the student:

1- Never    2-Rarely    3-Sometimes    4-Always    5-Not Applicable

\_\_\_\_\_ This student completes all assignments on time.

\_\_\_\_\_ The student understands concepts with little assistance.

\_\_\_\_\_ The student needs extra time completing tests and/or class work.

\_\_\_\_\_ The student exhibits good organizational skills.

\_\_\_\_\_ The student exhibits good study skills.

Please recommend for the appropriate English course level.

Honors \_\_\_\_\_ Standard \_\_\_\_\_ Developmental \_\_\_\_\_

Teacher Name \_\_\_\_\_

Course Taught \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Math Teacher  
Recommendation Form

The following information may be used to make academic placement decisions for this student. This form should be completed by the current Math teacher. *All information will be kept strictly confidential.*

Name \_\_\_\_\_ Present Grade \_\_\_\_\_

Current School \_\_\_\_\_

Current Level (check one):                      Honors \_\_\_\_\_ Standard \_\_\_\_\_ Developmental \_\_\_\_\_

What are the student's strengths in this subject area?

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What are the student's weaknesses in this subject area?

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Using the following scale, please rate the student:

1- Never    2-Rarely    3-Sometimes    4-Always    5-Not Applicable

\_\_\_\_\_ This student completes all assignments on time.

\_\_\_\_\_ The student understands concepts with little assistance.

\_\_\_\_\_ The student needs extra time completing tests and/or class work.

\_\_\_\_\_ The student exhibits good organizational skills.

\_\_\_\_\_ The student exhibits good study skills.

Please recommend for the appropriate English course level.

Honors \_\_\_\_\_ Standard \_\_\_\_\_ Developmental \_\_\_\_\_

Teacher Name \_\_\_\_\_

Course Taught \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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