



# ***St. Michael the Archangel Catholic School***

*We love Christ, we love the Catholic Church, we love to learn and serve.  
We look forward to excelling academically and spiritually.  
We will create a positive impact in our families,  
our community, our country, and even the world.*

## **Teacher or Administrator Recommendation Form 2025-2026**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade Level for the 2025-2026 School Year: \_\_\_\_\_

TO THE PARENT: Print the above information and give this form to the student's teacher or administrator. Please read and sign the statement below.

For the student named above, I acknowledge that I waive my right to view the confidential school recommendations. I understand that school recommendations are to be sent directly to the school and will not be accepted unless received directly from the school. I/We release every person and institution from all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to St. Michael the Archangel Catholic School. I/We also understand that the student named above must meet all requirements and expectations of our Admissions Review Team to be granted acceptance as a student for the upcoming school year.

Name of Parent/Guardian (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

TO THE TEACHER or ADMINISTRATOR: This form was designed to allow a confidential exchange of information about the student whose name appears above. Your candid assessment of the applicant is very helpful in our admissions process. If you wish to discuss this student personally rather than complete this form please check here , sign the form and provide your telephone number. Our School Registrar or Principal will contact you.

\_\_\_\_\_  
Teacher or Administrator Name (please print)                      Signature                      Position/Title

\_\_\_\_\_  
School Phone Number                      Email Address

I have known this child \_\_\_\_\_ years, \_\_\_\_\_ months.

His/her class has \_\_\_\_\_ students and \_\_\_\_\_ teacher(s).



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Name of Student: \_\_\_\_\_

Grade Level for the 2025-2026 School Year: \_\_\_\_\_

SKILLS	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Attention span					
Ability to focus in group situations					
Participation in group discussions					
Ability to follow directions					
Completes tasks independently					
Respect for classroom rules					
Transition between activities					
Responds to behavioral directions					
Enthusiasm for new activities					
Problem-solving ability					
Seeks assistance with task					
Takes responsibility					
Grasps new concepts					
Uses materials appropriately					
Exhibits self-help skills					
<b>PHYSICAL DEVELOPMENT</b>	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Fine motor skills					
Gross motor skills					
Speech development (articulation)					
<b>SOCIAL/EMOTIONAL</b>	Area of Strength	Age Appropriate	Needs Help	Check if this is a concern	Comments
Exhibits courtesy and respect					
Shows empathy toward peers					
Interaction with teachers					
Works cooperatively with peers					
Demonstrates self-control					
Shares well without prompting					
Imagination/creativity					
Demonstrates ability to lead					
Demonstrates ability to follow					
Expresses feelings appropriately					
Shows self confidence					
<b>FAMILY INFORMATION</b>	Consistently	Usually	Sometimes	Rarely	Comments
Participates in school activities					
Cooperates with classroom teacher					
Cooperates with administration					
Follows school rules and policies					



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1. Has the student ever committed a serious infraction of the school's policies? If so, please explain what happened and when. Was the student placed on probation or suspended?

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2. Has the student ever been asked to leave the school or not offered readmission? If so, please explain what happened and when.

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3. Did the parents meet their financial commitments in a timely manner? If not, please explain. (only if applicable)

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4. Are the student's parents supportive of the school?

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5. Please provide a positive experience you have shared with this child and/or their family.

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Further comments (feel free to elaborate on the areas above or discuss academic readiness & potential):

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Upon completion, please mail or email a copy of this form to our office.

This information will remain confidential, and we ask that you do not share your comments with the student or his/her family.

MAIL: St. Michael the Archangel Catholic School, Attn: Registrar's Office, 300 NW 28 Avenue, Miami, FL 33125

EMAIL: [lperez@stmacs.org](mailto:lperez@stmacs.org) and [lnaranjo@stmacs.org](mailto:lnaranjo@stmacs.org)