

Teacher Recommendation Form

Name of student (First and Last): _____

Name of student's teacher filling out the form (First and Last): _____

Current school of student: _____

One of your students would like to apply for the Accelerated and/or Honours programs at St. Rose School. This form comprises only one portion of the criteria for entry to St. Rose School. If you would like more information on the program, the following website will assist you: <https://www.strose.ecsd.net>

Please complete the information below and email this form directly to silvi.thomas@ecsd.net before February 27, 2026. Please **do not** give the completed form to the student to hand in. It must be emailed by the teacher completing the form. All teacher forms will be kept private and only for school use. No parents/guardians/students will ever see this form.

Forms will be destroyed in October 2026. Late forms will not be accepted.

Category	Exceptional	Very Good	Average	Below Average
Academic				
Shows curiosity and willingness to take risks.				
Meets deadlines and prioritizes tasks.				
Is organized and completes assignments with time and care.				
Handles setbacks with resilience.				
Exhibits honesty and integrity.				
Actively participates in class discussions and asks insightful questions.				
Collaborates well with peers.				
Demonstrates citizenship, leadership, and maturity.				
Prioritizes attendance and learning.				
Overall				
Overall Recommendation – how well do you think this student will thrive in an academically rigorous program?				

Please provide any other information that you feel we should know about the applicant, including any elaborations of the responses above. You may want to include comments about the applicant's aptitude, background, programming, accommodations, IPPs, or other circumstances.