

# School Recommendation Form

(Confidential)

**\*\*This form is to be filled out by a teacher, counselor or principal\*\***

**\*\*Please return this form in a sealed envelope\*\***

Student's full name \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Your name \_\_\_\_\_

Who is filling this form?     \_\_\_ Current Teacher   \_\_\_ Counselor   \_\_\_ Principal

	No Basis for Judgement	Excellent	Above Average	Average	Below Average	Poor
Academic achievement						
Academic potential						
Attendance						
Classroom conduct						
Motivation/Effort						
Attention/Concentration						
Ability to follow directions						
Ability to express ideas orally						
Ability to express ideas in writing						
Efficient use of time						
Study Habits						
Perseverance under pressure						
Ability to work alone						
Ability to work in groups						
Self-confidence						
Self-discipline						
Maturity						
Leadership						
Social Interaction						
Concern and respect for others						

In what capacity have you known the student? \_\_\_\_\_

Rate the student on the following criteria (for each row, place an "X" in the most applicable area)

**Family involvement**

Are parents involved?

- Father
- Mother

Do parents cooperate with school activities?

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Do parents support school decisions?

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Do parents get along between them?

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Please add any additional comments you feel are important

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\_\_\_\_\_  
Principal

\_\_\_\_\_  
School Seal

\*The information provided in this document, will be used in the admissions process and will not become a part of the student's permanent file \*