

CURRENT MATHEMATICS TEACHER

Pope John Paul II Catholic High School Recommendation Form

Parent: Please complete the top portion of this form and forward to your son's/daughter's current school for completion by his/her School Administrator.

APPLYING FOR GRADE: _____

NAME OF STUDENT: _____

My son/daughter, _____, has applied to Pope John Paul II Catholic High School for admission. I ask that you provide the information requested and forward it directly to JPII CHS. I hereby waive my right of access to this document as well as my son's/daughter's right. I understand it will not be forwarded to other institutions without my prior approval.

PARENT SIGNATURE: _____ **DATE:** _____

MATHEMATICS TEACHER: We appreciate your cooperation in completing this form. Your insights help us to better understand a student's ability to be successful at our school. This form should allow us to effectively evaluate a student's past academic achievement, work ethic and conduct as documented on his/her report card. Your evaluation of this student is considered confidential and will not be discussed with the student or his/her family.

Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: (check appropriate box)

	Outstanding	Average	Poor	Not Observed
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline/conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you marked below average in any area, please give more information to allow us to provide for the student's needs. (additional space is provided on the back) _____

Thank you for the accuracy of the information you have provided. In the course of some interviews, it may be necessary for us to refer to disciplinary issues indicated. We will protect the anonymity of the teacher, counselor or administrator.

Teacher's Printed Name: _____ **Date:** _____

Signature: _____ **School Telephone:** _____

School Name/Address: _____

Please return this form to the Admissions Office