



ENGLISH TEACHER RECOMMENDATION FORM

Name of Applicant _____ Applicant for Grade _____

Teacher:

The parents have signed the waiver of confidentiality regarding this recommendation form.

Please complete this confidential form and return it to the **Admissions Office** at **St. John Paul II Catholic High School**.

To give you time to get to know the applicant better, we ask that you not complete this form before December 1. This Teacher Recommendation Form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The student's application cannot be processed until this form is received in the Admissions Office.

General Academic Skills

| Ratings | Truly Outstanding | Excellent | Above Average | Average | Below Average | Comments |
|---|-------------------|-----------|---------------|---------|---------------|----------|
| Listens to/follows teacher's directions | | | | | | |
| Demonstrates ability to work independently | | | | | | |
| Perseveres in spite of difficulty | | | | | | |
| Works cooperatively | | | | | | |
| Enjoys new challenges | | | | | | |
| Responds positively to constructive criticism | | | | | | |
| Demonstrates appropriate energy level | | | | | | |
| Demonstrates ability to stay on task | | | | | | |
| Completes homework in a timely manner | | | | | | |
| Demonstrates organizational skills | | | | | | |
| Takes initiative | | | | | | |

Social Skills

| Ratings | Truly Outstanding | Excellent | Above Average | Average | Below Average | Comments |
|--|-------------------|-----------|---------------|---------|---------------|----------|
| Establishes friendships easily | | | | | | |
| Demonstrates honesty and integrity | | | | | | |
| Is respectful of faculty and staff members | | | | | | |
| Is respected by peers | | | | | | |
| Demonstrates self-control | | | | | | |
| Takes responsibility for belongings | | | | | | |
| Is comfortable in a group | | | | | | |
| Exhibits emotional maturity | | | | | | |
| Cooperates with others | | | | | | |
| Takes pride in appearance | | | | | | |

| | |
|-------------------------|---------------------------|
| Name of Applicant _____ | Applicant for Grade _____ |
|-------------------------|---------------------------|

• Is there a disparity between this student's ability and his/her performance? No Yes
 If yes, identify behavior associated with disparity. _____

• Is the applicant habitually tardy or absent? No Yes
 If yes, please explain. _____

• Is this student provided any special teaching or testing accommodations/modifications?
 If yes, check special accommodations that you provide for this student: No Yes

- | | | |
|--|---|--|
| <input type="checkbox"/> Extended time for tests and writing | <input type="checkbox"/> Reduction in assignments | <input type="checkbox"/> Individual Education Plan (IEP) |
| <input type="checkbox"/> Repetition of concepts/assignments | <input type="checkbox"/> Organizational help | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Written notes provided | <input type="checkbox"/> Other (please specify) _____ | |

• This applicant is:

Recommended with enthusiasm
Recommended
Recommended with reservation
Not Recommended

 If you checked "recommended with reservation" or "not recommended," please explain.

• This applicant should be placed in:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> English 9 | <input type="checkbox"/> English 10 | <input type="checkbox"/> English 11 | <input type="checkbox"/> English 12 |
| <input type="checkbox"/> English 9 Honors | <input type="checkbox"/> English 10 Honors | <input type="checkbox"/> English 11 Honors | <input type="checkbox"/> English 12 Honors |
| | | <input type="checkbox"/> AP Lang and Comp | <input type="checkbox"/> AP English Lit |

• Is there anything else regarding the applicant that would be helpful for the Admissions Committee to know?

Thank you for your time and effort in completing an accurate evaluation. During some applicant interviews, it may be necessary for us to refer to any disciplinary issues indicated on this form. We will protect the anonymity of the teacher, counselor, or administrator.

Signature of Teacher: _____ Date: _____

Print Name: _____

Name of School: _____ Telephone: _____

School Address: _____