## St Joseph High School Admissions Recommendation Form Applicant Name:\_\_\_\_\_

Teacher Name:		
Subject (circle one):	English Teacher	Math Teacher

I. Please rate this student in the following areas by comparing him or her to all other 8th graders you have taught this year.

	Outstanding	Excellent	Above	Average	Below	Unobserved
	(Top 2-3%)	(Top 10%)	Average		Average	
Verbal Skills						
Written Skills						
Math Skills						
Study or Work Habits						
Creativity						
Leadership Ability						
Personal Responsibility						
Initiative/Responsibility						
Conduct/Discipline						
Relationship to Peers						
Relationship to Adults						
Reaction to Criticism						
Maturity						

tu	ırity						
	What high school	coursework is	this student t	aking present	tly? (i.e. Alge	bra, Foreign	Language)
	What honors cour	rses is this stud	lent presently	taking (if any	7)?		
	Is honors placem	ent recommenc	ded and if so,	in what areas	<b>?</b>		
	Does this student accommodations	have a 504, IE			ntion Plan? If	yes, please in	ndicate
	Does this student accommodations	have a 504, IE used:	P or Learning		ation Plan? If	yes, please in	ndicate
	Does this student	have a 504, IE used:	P or Learning			yes, please in	

**Appraisal:** Please write an appraisal of this student on the reverse side of the form or attach a separate VI. recommendation letter. Your recommendation and appraisal will remain confidential. All recommendation forms are due by November 11, 2019.

## **Appraisal Continued** Date:\_\_\_\_ Student Name: Please include applicant's major strengths and weaknesses as well as any other information pertinent to the admission process.

Print Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Signature: \_\_\_\_\_\_ Title:\_\_\_\_\_