

LORETTO ACADEMY
HIGH SCHOOL
CONFIDENTIAL TEACHER RECOMMENDATION FORM

_____ is an applicant to our _____ grade, for school year _____

_____ Last Name

_____ First Name

Information that does not appear on entrance tests or school records is most helpful in enabling us to evaluate the applicant. Your input as to the student's needs and abilities will help us judge as to whether our program is right for the applicant. We treat this information as confidential.

Academic Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis for Evaluation
Ability					
Creativity					
Growth Potential					
Initiative					
Intellectual Curiosity					
Self-Discipline					
Study Habits					
Personal Qualities	Superior (Top 10%)	Above Average	Average	Below Average	No Basis for Evaluation
Attendance					
Concern for Others					
Cooperation					
Emotional Stability					
Enthusiasm					
Initiative					
Integrity					
Interaction with Faculty					
Leadership					
Manners					
Maturity					
Responsibility					
Self-Confidence					
Sense of Service					

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(CONTINUED)

Has the student studied a foreign language? Yes No

Which language(s)? _____ Number of years? _____

Which language(s) does the family speak at home? _____

Does this student have special talents? Please explain: _____

Has this student received any special awards or recognitions? _____

Is the student in good standing with your school? Yes No

If no, please explain: _____

Has the student had any disciplinary problems in the past year? Yes No

If yes, please explain: _____

Are parents supportive of school policies? Yes No

Are parents responsive to school suggestions? Yes No

Please make a general comment on the academic and personal qualities of the applicant that could help us with our decision. _____

RECOMMENDATION
PLEASE CHECK ONE:

	Highly Recommended
	Recommended
	Recommended with Reservation
	Not Recommended

If **Recommended with Reservation** or **Not Recommended**, please explain: _____

How long have you known the student? _____

Form Completed by:	Your Title:
Your School:	School Phone:
Your Signature:	Date: