



# 2<sup>nd</sup>-8<sup>th</sup> GRADE RECOMMENDATION FORM

Student Name \_\_\_\_\_

Current School \_\_\_\_\_ City \_\_\_\_\_

**To the Parent:**

- ❖ Please complete the information above and request that an authorized official (either the principal or a current teacher) of the school your child currently attends complete and return this form directly to Assumption BVM School.

**To the School Official:**

- ❖ Complete statement about the student will help the Admission Committee assess the applicant fairly and accurately.
- ❖ This confidential form will be used by the Admissions Committee and will not become part of the cumulative record of the prospective student.
- ❖ Please return this completed form in an envelope.

- On the basis of past academic achievement this student would:
 

<input type="checkbox"/> Do very well	<input type="checkbox"/> Do below average work
<input type="checkbox"/> Do average work	<input type="checkbox"/> Have significant difficulties
- On the basis of academic potential this student would:
 

<input type="checkbox"/> Do very well	<input type="checkbox"/> Do below average work
<input type="checkbox"/> Do average work	<input type="checkbox"/> Have significant difficulties
- On the basis of your observation, does this student seek to do as well as possible?
 

Yes     No (please explain) \_\_\_\_\_
- Indicate any remedial or enrichment programs in which the student has been involved.
 

\_\_\_\_\_

\_\_\_\_\_
- On the basis of your observation, has the student cooperated with the faculty and staff in his/her behavior and attitude?
 

<input type="checkbox"/> All of the time	<input type="checkbox"/> About half of the time
<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time
- On the basis of your observations of the student concerning character and general development, this student has:
 

<input type="checkbox"/> Been exemplary
<input type="checkbox"/> Acted reasonably well
<input type="checkbox"/> Needed discipline from time to time
<input type="checkbox"/> Been a discipline problem
- On the basis of your observations, the student's class and campus behavior has been:
 

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Marginal	<input type="checkbox"/> Poor
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8. In your opinion, what are the leadership qualities of the student?  
 Accepted by peers as leader and generally takes charge  
 Natural leader but accepts role reluctantly  
 Not a leader, but mixes well with other students  
 Other \_\_\_\_\_

9. In your opinion, what is the student's most outstanding characteristic? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. From your experience, has there been parental cooperation and involvement in school activities?  
 No             No opportunity to observe  
 Yes            In what way? \_\_\_\_\_

11. Please estimate the attendance record of this student  
 Rarely absent  
 Misses about 5% to 15% of school.  
 Out on a regular basis 20% to 30% of time.

12. The majority of these absences were a result of:  
 Sickness     Doctor     Family Business  
 Vacation     Truancy     Other \_\_\_\_\_

13. On the basis of your observation, does this student have any unusual problems that should be brought to our attention?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check here if we should call for clarification? Phone # ( ) \_\_\_\_\_

14. Does the family meet its financial obligation at school?  
 Yes             Not applicable  
 No (please explain) \_\_\_\_\_

RECOMMENDATION	ACADEMICALLY	AS A PERSON
I strongly recommend this student.		
I recommend this student.		
I recommend this student with reservations. (Please state your reservation below)		
I do not recommend this student. (Please state your reservation below)		

Is there any additional information which you feel might or should influence our decision?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Verifying Personnel Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_