

TEACHER RECOMMENDATION FORM

Please print all information.

Student Name: _____ Applicant for Grade: _____
(Last) (First) (Middle)

TO PARENTS:

If your child has different teachers for English and mathematics, give one copy of this form to each teacher. If your child has the same teacher for English and mathematics, he/she needs to complete only one form. Your child's teacher(s) should not complete this form until the end of November.

To ensure confidentiality, we require this form be mailed by your child's teacher(s) in the envelope(s) provided.

TO TEACHERS:

The information you provide is confidential and will be used only in the selection of applicants. It will not become part of the permanent file and will not be available to applicants or parents.

Please make the following ratings as realistically as you can in comparison to your other students.

ACADEMIC RATINGS

If you instruct the student in both English and mathematics, please use both an "E" in the appropriate spaces and an "M" in the appropriate spaces to avoid filling out two forms. English Mathematics

	No basis for judgment	Unable to recommend	Below Average	Average	Above Average	Excellent	Top two or three this year
Ability							
Logical reasoning							
Motivation							
Curiosity							
Academic creativity							
Study habits / organization							
Academic independence							
Ability to express written ideas							
Ability to express ideas orally							
Completes work on time							
Completes homework							

CHARACTER RATINGS

	No basis for judgment	Unable to recommend	Below Average	Average	Above Average	Excellent	Top two or three this year
Leadership							
Self-confidence							
Warmth of personality							
Concern for others							
Energy							
Maturity							
Personal initiative							
Personal integrity							
Academic integrity							
Reaction to criticism							
Respect accorded by faculty							
Respect accorded by peers							
Cooperation							
Self-discipline							
Attendance							

Additional copies of this form are available at www.stgregoryschool.org.



RECOMMENDATION

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RECOMMENDATION

What adjectives would you use to describe the applicant academically and personally?

What makes this child different from others you teach? What makes this child special?

In what areas does this applicant need to improve?

Please include other information, anecdotes, or extenuating circumstances that may be helpful to us in evaluating the applicant.

We occasionally like to discuss a recommendation with a teacher. Since it is often difficult to contact you at school, please fill out the information below.

If necessary, please call me: Home: _____ from (hours): _____ Work: _____ from (hours): _____

I taught the applicant:

English only Mathematics only English and mathematics Gifted
 Enriched Honors Other _____ What grade level? _____

In order for this applicant to be considered by the Admission Committee, all forms must be postmarked by February 9, 2007. If you have comments that you would like to direct to our school, please attach them to this recommendation form and send both to us.

Check here if you would like us to call you about this particular recommendation.

Be assured that all home numbers will be kept confidential.

Name (please print): _____

School: _____

Signature: _____ Date: _____

MAIL TO:
Admissions Office
St. Gregory College Preparatory School
3231 N. Craycroft Rd.
Tucson, AZ 85712
Phone: (520) 327-6395 ext. 213
Fax: (520) 327-8276
E-mail: dkennedy@stgregoryschool.org

Please keep a copy in your files in case the form gets lost in the mail.

