

Parent/Guardian Signature _____

Date _____



HOLY SPIRIT HIGH SCHOOL

500 NEW ROAD • ABSECON, NEW JERSEY 08201

Phone (609) 646-3000 ext. 346 • Fax (609) 646-2561

www.holyspirithighschool.com

TEACHER RECOMMENDATION FORM (REQUIRED)

Please Print

Applicant's Name: _____
Last Name *First Name*

Teacher's Name: _____

School Name: _____ Phone: (_____) _____ - _____

In what grade(s) and subject(s) do you teach the applicant? _____

How long have you known the applicant? _____

Are there any comments you would like to offer concerning this applicant? _____

	No	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For Academic Promise					
For Character and Personal Promise					
Overall Recommendation					

Recommendation: I do _____ do not _____ recommend this candidate for admission.

ACADEMIC AND PERSONAL EVALUATION: Please check the appropriate ratings.

- | | | | | |
|----------------------------------|----------------------------------------------------------|---------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| 1. Academic Achievement | <input type="checkbox"/> consistently below expectations | <input type="checkbox"/> as expected | <input type="checkbox"/> better than test scores | <input type="checkbox"/> far above expectations |
| 2. Effort/Drive | <input type="checkbox"/> limited | <input type="checkbox"/> sporadic | <input type="checkbox"/> usually good | <input type="checkbox"/> maximum |
| 3. Study Habits | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent |
| 4. Ability to work in groups | <input type="checkbox"/> has great difficulty | <input type="checkbox"/> sometimes has difficulty | <input type="checkbox"/> usually effective | <input type="checkbox"/> always works well |
| 5. Ability to work alone | <input type="checkbox"/> needs much help | <input type="checkbox"/> needs help frequently | <input type="checkbox"/> needs help occasionally | <input type="checkbox"/> always works well |
| 6. Use of time | <input type="checkbox"/> uses poorly | <input type="checkbox"/> occasionally wastes | <input type="checkbox"/> usually uses well | <input type="checkbox"/> always uses effectively |
| 7. Follows directions | <input type="checkbox"/> rarely | <input type="checkbox"/> needs much explanation | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively |
| 8. Seeks help when needed | <input type="checkbox"/> rarely | <input type="checkbox"/> occasionally | <input type="checkbox"/> usually | <input type="checkbox"/> always |
| 9. Attention span | <input type="checkbox"/> easily distracted | <input type="checkbox"/> occasionally distracted | <input type="checkbox"/> usually good | <input type="checkbox"/> exceptionally good |
| 10. Integrity | <input type="checkbox"/> poor | <input type="checkbox"/> questionable | <input type="checkbox"/> trustworthy | <input type="checkbox"/> excellent |
| 11. Considerate of Others | <input type="checkbox"/> rarely considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> considerate | <input type="checkbox"/> extremely considerate |
| 12. Social adjustment with Peers | <input type="checkbox"/> relates poorly | <input type="checkbox"/> occasional problems | <input type="checkbox"/> healthy relationship | <input type="checkbox"/> extremely popular |
| 13. Classroom Conduct | <input type="checkbox"/> frequent disruptions | <input type="checkbox"/> occasional misconduct | <input type="checkbox"/> usually good behavior | <input type="checkbox"/> excellent |
| 14. Parent Cooperation | <input type="checkbox"/> unknown | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> outstanding |

Your judgments are used solely for the admission process, and are held in strictest confidence. Although we are unable to individually acknowledge all recommendations, we are well aware of how much time and thought forms of this sort require. We thank you in advance for the help your comments will provide.

Teacher's Signature: _____ Date: _____

Please return this form to:

Mrs. Nicole Barry
Assistant Principal for Student Services
Holy Spirit High School
500 New Road
Absecon, NJ 08210

Fax (609) 646-2561