



Academic Recommendation

Student name _____ Current school _____ Present grade _____

Parent signature (*permission for release*) _____

Parent/Guardian name (*please print*) _____

Date of signature _____

All information furnished is confidential and does not become part of the student's permanent record. This form is not required of students in elementary/middle schools of the Archdiocese of Baltimore. **Return to: Archbishop Spalding High School Admissions Office 8080 New Cut Road Severn, MD 21144-2399**

TEACHER/ADMINISTRATOR/GUIDANCE COUNSELOR: (Position: _____)

I have known the student for _____ years, _____ months Student attendance has been regular not regular

What are the first words that come to your mind when you think of this student? _____

ACADEMIC ABILITY:

Verbal ability
Mathematical ability
Creative ability
Intellectual curiosity
Ability to grasp new concepts

Please indicate any higher level, honors, or advanced courses the student has completed (Math beyond pre-Algebra, etc.):

CLASSROOM PERFORMANCE:

Classroom achievement
Participation in discussions
Writing mechanics
Quality of written ideas
Oral expression
Work habits
Ability to follow directions
Preparation for class

Please comment on learning style, special needs, or discrepancies between academic ability and classroom performance.

PERSONAL ABILITIES:

Maturity for grade
Maturity for age
Perseverance
Self-confidence

Please comment on this student's social and/or emotional development.

School Behavior:

Motivation
Ability to work in a group
Ability to work independently
Response to suggestions
Avoids distractions
Respect for rules/structure
Attention span
Interaction with peers
Interaction with adults
Overall conduct

Please comment on any noteworthy aspect of the student's behavior.

Please check the box next to words that describe this student:

aggressive	passive-resistant	responsible	organized	assertive	passive
irresponsible	self-disciplined	follower	social	popular	distractible
overprotected	loner	energetic	distracting	positive leader	articulate
disobedient	confident	negative leader	perfectionist	manipulative	motivated
humorous	vivacious	restless	conscientious	anxious	cheerful
self-centered	compassionate	honest	irritable	easily discouraged	dishonest
impulsive	easily frustrated	kind	other _____		

Please note any special attributes of this student that would provide insight (e.g., English as a second language, special talent in arts or athletics, etc.).

Please comment on the student-parent/guardian relationship.

Please describe the parents' interaction with teachers and the school.

To your knowledge, what are the student's extra-curricular interests?

Evaluator's name (print) _____ Phone _____

Signature _____ Date _____

Email address _____

Would you like an admissions officer to call you regarding information better communicated by telephone?

(if yes, phone # _____)

For a School Administrator/Finance officer:

Has the family satisfied all financial obligations to your school? _____ Yes _____ No

Name:

Position:
