



## SCHOOL COUNSELOR/PRINCIPAL RECOMMENDATION FORM

Name of Applicant \_\_\_\_\_

**School Counselor/Principal:**

The parents have signed the waiver of confidentiality regarding this recommendation form.

Please complete this confidential form and return it to the Enrollment Office at **Holy Spirit Catholic High School (contactus@holyspirit-al.com)**.

We appreciate your cooperation in completing this form. Your insights help us to better understand a student's ability to be successful at our school. This form should allow us to effectively evaluate a student's past academic achievement, work ethic, and conduct as documented on his/her report card. Your evaluation of this student is confidential and will not be discussed with the student or his/her family.

**Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: (check appropriate box)**

Ratings	Extraordinary	Excellent	Above Average	Average	Below Average
Maturity level	<input type="radio"/>				
Respect for authority	<input type="radio"/>				
Interaction with peers	<input type="radio"/>				
Works cooperatively	<input type="radio"/>				
Self-discipline	<input type="radio"/>				
Integrity	<input type="radio"/>				
Conduct	<input type="radio"/>				

Has the student presented any discipline problems?  Yes  No

Has the student been suspended? (last 3 years)  Yes  No

Has the student been on academic probation or similar action?  Yes  No

Are you aware of any special teaching or testing accommodations/modifications?  Yes  No

Psychological/educational testing on file  Yes  No

If yes, date(s) of testing: \_\_\_\_\_

Indicate here the student's learning disability, medical disability, physical disability, or psychological disability:

Indicate accommodations currently being provided (including those accommodations in the classroom) to the student based on the disability/disabilities described above:



Holy Spirit Catholic High School  
601 James I. Harrison, Jr. Pkwy E.  
Tuscaloosa, AL 35405  
(205) 553-5606 | www.holyspirit-al.com

Name of Applicant \_\_\_\_\_

Student has been approved for accommodations from the following standardized test facilitators:

College Board (PSAT, SAT, AP Exams)       ACT       ON/A

If applicable, does this family pay tuition/fees in a timely manner?       Yes       No

This applicant is:       Strongly Recommended       Recommended       Recommended with reservations       Not Recommended  
*(check one)*

**Use the space below to make additional comments, if necessary.**

Thank you for the accuracy of the information you have provided. In the course of some interviews, it may be necessary for us to refer to disciplinary issues indicated. We will protect the anonymity of the teacher, counselor, or administrator.

Administrator's Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ School Telephone: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

**Return completed form to the Enrollment Office: [contactus@holyspirit-al.com](mailto:contactus@holyspirit-al.com)**

Name of Applicant \_\_\_\_\_ Applicant for Grade \_\_\_\_\_

Additional School Counselor/Principal Comments: