



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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works cooperatively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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

Name of Applicant _____ Applicant for Grade _____

Additional School Counselor/Principal Comments: