



## ENGLISH TEACHER RECOMMENDATION FORM

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

**Teacher:**

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](mailto:contactus@holyspirit-al.com)).

This Teacher Recommendation Form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. The student's application cannot be processed until this form is received in the Enrollment Office.

### General Academic Skills

Ratings	Truly Outstanding	Excellent	Above Average	Average	Below Average	Comments
Listens to/follows teacher's directions	<input type="radio"/>					
Demonstrates ability to work independently	<input type="radio"/>					
Perseveres in spite of difficulty	<input type="radio"/>					
Works cooperatively	<input type="radio"/>					
Enjoys new challenges	<input type="radio"/>					
Responds positively to constructive criticism	<input type="radio"/>					
Demonstrates appropriate energy level	<input type="radio"/>					
Demonstrates ability to stay on task	<input type="radio"/>					
Completes homework in a timely manner	<input type="radio"/>					
Demonstrates organizational skills	<input type="radio"/>					
Takes initiative	<input type="radio"/>					

### Social Skills

Ratings	Truly Outstanding	Excellent	Above Average	Average	Below Average	Comments
Establishes friendships easily	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
Demonstrates honesty and integrity	<input type="radio"/>					
Is respectful of faculty and staff members	<input type="radio"/>					
Is respected by peers	<input type="radio"/>					
Demonstrates self-control	<input type="radio"/>					
Takes responsibility for belongings	<input type="radio"/>					
Is comfortable in a group	<input type="radio"/>					
Exhibits emotional maturity	<input type="radio"/>					
Cooperates with others	<input type="radio"/>					
Takes pride in appearance	<input checked="" type="radio"/>					

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

• Is there a disparity between this student's ability and his/her performance?  No  Yes  
If yes, identify behavior associated with disparity. \_\_\_\_\_

• Is the applicant habitually tardy or absent?  No  Yes  
If yes, please explain. \_\_\_\_\_

• Is this student provided any special teaching or testing accommodations/modifications?  
If yes, check special accommodations that you provide for this student:  No  Yes

<input type="checkbox"/> Extended time for tests and writing	<input type="checkbox"/> Reduction in assignments	<input type="checkbox"/> Individual Education Plan (IEP)
<input type="checkbox"/> Repetition of concepts/assignments	<input type="checkbox"/> Organizational help	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Written notes provided	<input type="checkbox"/> Other (please specify) _____	

• This applicant is:  
 Recommended with enthusiasm     Recommended     Recommended with reservation     Not Recommended  
If you checked "recommended with reservation" or "not recommended," please explain.  
\_\_\_\_\_  
\_\_\_\_\_

• This applicant should be placed in:

<input type="checkbox"/> English 9	<input type="checkbox"/> English 10	<input type="checkbox"/> English 11	<input type="checkbox"/> English 12
<input type="checkbox"/> English 9 Honors	<input type="checkbox"/> English 10 Honors	<input type="checkbox"/> English 11 Honors	<input type="checkbox"/> English 12 Honors
		<input type="checkbox"/> AP Lang and Comp	<input type="checkbox"/> AP English Lit

• Is there anything else regarding the applicant that would be helpful for the Admissions Committee to know?  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your time and effort in completing an accurate evaluation. During some applicant interviews, it may be necessary for us to refer to any disciplinary issues indicated on this form. We will protect the anonymity of the teacher, counselor, or administrator.**

Signature of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Address: \_\_\_\_\_