

St. PATRICK'S SCHOOL

4101 NORBECK ROAD
ROCKVILLE, MARYLAND 20853

STUDENT RECOMMENDATION FORM FOR GRADES 2-8

Name of student _____ Application for Grade _____

I have known this student for _____ years. My relationship has been that of

_____ Date _____

To the Teacher or School Director: We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insight will help us get to know this child. We understand the difficulty in evaluating a student, and are always aware that children are constantly growing, changing and developing. Thank you for your help.

What are the first words that come to your mind in order to describe this candidate?

What are the applicant's special interests?

For the following items, please mark on the line the response which may pertain to each. You may adjust the placement of the mark to the left or the right within a given section to indicate gradations in your evaluation.

	EXCELLENT	GOOD	AVERAGE	POOR	COMMENTS
Conduct					
Consideration for Others					
Social Relationships with Peers					
Leadership Ability					
Emotional Maturity					
Self-Confidence					
Integrity					
Sense of Responsibility					
Relationship with Adults					

	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Study habits					
Self-motivation					
Organization of time and work					
Intellectual curiosity					
Attention span					
Ability of express ideas orally					
Ability to follow directions					
Ability to work in a group					
Ability to work independently					
Perseverance					
Academic promise					
Academic achievement					
Attendance					
Parent cooperation					
Parent involvement in school					
Reads for pleasure					
Have all financial obligations have been met?					

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information which you think might be helpful. You may use a separate sheet of paper for further comments in any category.

Signature

Print or type name

School

Address

Telephone

City, State, Zip

Please return form to: St. Patrick's School
4101 Norbeck Road
Rockville, Maryland 20853
Fax: 301-929-1474