Teacher Recommendation Form

The purpose of this form is to request a general assessment of the student, which will become a part of his or her application for admissions to St. Vincent Pallotti High School. The contents of this assessment are strictly confidential.

APPLICANT'S LEGAL NAME LAST FIRST MIDDLE

TEACHER'S NAME CURRENT SCHOOL POSITION

Evaluator - Compared to other students whom you have taught or advised, please assess this student for the following characteristics.

Key:

1 = outstanding
2 = good
3 = satisfactory
4 = improvement needed
5 = unsatisfactory
N = not observed

Ability to work independently	1	2	3	4	5	N
Ability to work in a group	1	2	3	4	5	N
Ability to follow directions	1	2	3	4	5	N
Achievement related to potential	1	2	3	4	5	N
Organization for time and work	1	2	3	4	5	N
Self-motivation	1	2	3	4	5	N
Oral expression	1	2	3	4	5	N
Conduct	1	2	3	4	5	N
Integrity	1	2	3	4	5	N
Leadership	1	2	3	4	5	N
Emotional maturity	1	2	3	4	5	N
Relationship with peers	1	2	3	4	5	N
Relationship with adults	1	2	3	4	5	N
Concern for others	1	2	3	4	5	N
Self-confidence	1	2	3	4	5	N

Circle the words that best describe this student:

Motivated	Well-liked	Helpful	Outspoken	Shy
Aggressive	Anxious	Articulate	Cheerful	Follower
Social	Honest	Irritable	Manipulative	Leader

*If you would like to provide any additional information please attach a **typed** letter with the teacher recommendation form.*

TEACHER'S SIGNATURE DATE

St. Vincent Pallotti High School
Attn: Office of Admissions
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Laurel, MD 20707

Phone: (301) 725-3228 Ext. 2202
Fax: (301) 725-5381

ST. VINCENT PALLOTTI
HIGH SCHOOL