



# Recommendation Form

Applicant's Name \_\_\_\_\_  
(please print full name)

Applicant's School \_\_\_\_\_

### Note to student and parent(s)/guardian(s):

By completing and submitting this form, you understand and agree that the information on this form is *confidential* and intended to be read only by the Admission Committee at St. Joseph's Preparatory School. Comments on this sheet will not be disclosed to you or anyone at your request during or after the admission process. **Please fill in your name and school above and forward this recommendation form to a teacher or counselor who will complete it and mail directly to the Admission Office.**

### Note to evaluator (teacher or counselor):

The student named above is an applicant for admission to St. Joseph's Preparatory School. So that our Admission Committee can have a broader and more personal basis for consideration of admission, we would appreciate your completion of this recommendation in so far as you are able. Thank you for your time and consideration. Your remarks will remain *confidential*. **Kindly return this completed form to the Admission Office by Friday, November 19.**

Please mail directly to: St. Joseph's Preparatory School  
Admission Office  
1733 Girard Avenue  
Philadelphia, PA 19130

How long have you known this applicant and in what capacity? (Please list subject taught, including level of difficulty.)

What are the first words that come to mind that best describe this applicant?

### A. ACADEMIC QUALITIES (Circle the rating that best describes the applicant's performance.)

	Outstanding		Excellent		Good		Average		Below Average		No Basis
1. Academic ability	10	9	8	7	6	5	4	3	2	1	[ ]
2. Academic achievement	10	9	8	7	6	5	4	3	2	1	[ ]
3. Self motivation	10	9	8	7	6	5	4	3	2	1	[ ]
4. Effort and drive	10	9	8	7	6	5	4	3	2	1	[ ]
5. Study habits	10	9	8	7	6	5	4	3	2	1	[ ]
6. Intellectual curiosity	10	9	8	7	6	5	4	3	2	1	[ ]
7. Ability to work with others	10	9	8	7	6	5	4	3	2	1	[ ]
8. Ability to work alone	10	9	8	7	6	5	4	3	2	1	[ ]
9. Participates in discussions	10	9	8	7	6	5	4	3	2	1	[ ]
10. Written expression of ideas	10	9	8	7	6	5	4	3	2	1	[ ]
11. Oral expression of ideas	10	9	8	7	6	5	4	3	2	1	[ ]
12. Uses suggestions or corrections	10	9	8	7	6	5	4	3	2	1	[ ]
13. Seeks help when needed	10	9	8	7	6	5	4	3	2	1	[ ]
14. Concentration	10	9	8	7	6	5	4	3	2	1	[ ]



**B. PERSONAL QUALITIES** (Circle the rating that best describes the applicant's personality.)

	Outstanding		Excellent		Good		Average		Below Average		No Basis
1. Maturity	10	9	8	7	6	5	4	3	2	1	[ ]
2. Consideration of others	10	9	8	7	6	5	4	3	2	1	[ ]
3. Social adjustment with peers	10	9	8	7	6	5	4	3	2	1	[ ]
4. Sense of humor	10	9	8	7	6	5	4	3	2	1	[ ]
5. Self-confidence	10	9	8	7	6	5	4	3	2	1	[ ]
6. Integrity	10	9	8	7	6	5	4	3	2	1	[ ]
7. Conduct	10	9	8	7	6	5	4	3	2	1	[ ]

**C.** Circle the words that describe the student:

Aggressive	Anxious	Articulate	Assertive
Cheerful	Confident	Conscientious	Disobedient
Easily discouraged	Follower	Helpful	Honest
Influential	Irritable	Manipulative	Motivated leader
Negative leader	Over-protected	Passive-resistant	Perfectionist
Positive leader	Responsible	Self-centered	Self-disciplined
Shy	Social	Vivacious	Well-liked

**D.** What are the academic strengths and weaknesses of this applicant? Consider such categories as effort, curiosity, motivation, achievement in relation to potential, class participation and homework. Comments concerning writing ability, math skills or skills appropriate to your subject area will be particularly helpful.

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**E. OVERALL RATING** (Circle the rating that best describes the applicant.)

	Outstanding		Excellent		Good		Average		With Reservations	
1. As a student	10	9	8	7	6	5	4	3	2	1
2. As a person	10	9	8	7	6	5	4	3	2	1
3. Overall	10	9	8	7	6	5	4	3	2	1

**F.** Do you have any additional information that may be helpful in our evaluation of this student?

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Evaluator's name \_\_\_\_\_ Position \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 School Address \_\_\_\_\_