



NEW STUDENT RECOMMENDATION FORM (GRADES K-8)

The following student has applied for admission to Cathedral Chapel School. Please complete and return this form by mail no later than March 11, 2009. **This information is confidential. Do not return to the applicant.** Thank you for taking the time to complete this form.

Child's Name _____ Present grade _____

Length of time in the school _____

| PLEASE RATE ON A SCALE OF 1-5: | LOW | | | | | HIGH |
|--|------------|---|---|---|---|-------------|
| Student's general attitude | 1 | 2 | 3 | 4 | 5 | |
| School study habits/efforts | 1 | 2 | 3 | 4 | 5 | |
| Cooperation | 1 | 2 | 3 | 4 | 5 | |
| Classroom behavior | 1 | 2 | 3 | 4 | 5 | |
| Relationship with peers | 1 | 2 | 3 | 4 | 5 | |
| Relationship with teachers | 1 | 2 | 3 | 4 | 5 | |
| Attendance/punctuality | 1 | 2 | 3 | 4 | 5 | |
| Home study habits | 1 | 2 | 3 | 4 | 5 | |
| Parents are appropriately involved in the school | 1 | 2 | 3 | 4 | 5 | |
| Parents support school policy | 1 | 2 | 3 | 4 | 5 | |
| Parents meet financial obligations on time | 1 | 2 | 3 | 4 | 5 | NA |

PLEASE RATE ACADEMIC PROGRESS AS FOLLOWS:

4: outstanding 3: good 2: satisfactory 1: below average

Reading Comprehension _____ Writing Skills _____ Math _____

| OVERALL RECOMMENDATION | ACADEMICALLY (✓ one only) | PERSONALLY (✓ one only) |
|--|-------------------------------------|-----------------------------------|
| I highly recommend this student | _____ | _____ |
| I recommend this student | _____ | _____ |
| I recommend this student with reservations | _____ | _____ |
| I do not recommend this student | _____ | _____ |
| Please call me _____ | | |

SCHOOL NAME _____ PHONE # _____

ADDRESS _____ CITY, ZIP _____

EVALUATOR'S SIGNATURE & POSITION _____