

RECOMMENDATION FORM



This form should be completed by a math, science, or reading teacher who knows the student well.

Student's Name _____

Student's Address _____

Present School _____

I understand that the information given by the teacher is confidential and for the use of Catholic High School personnel. The contents of this recommendation will not be shared with the student and/or the parents.

Parent's / Guardian's Signature _____

Please check, using the following scale to rate each of the criteria listed below:

	Outstanding	Above Average	Average	Below Average
Academic Ability				
Academic Achievement				
Intellectual Curiosity				
Motivation				
Written Expression				
Oral Expression				

	Outstanding	Above Average	Average	Below Average
Responsibility				
Study Skills				
Effort				
Conduct				
Attention Span				
Peer Relationships				
Extracurricular Involvement				

Please note any comments relevant to the student's progress and success:

Name of person completing this form _____

Position and School _____

This form should be returned by the person completing it directly to Catholic High School at the address below. Recommendation forms must be submitted as soon as possible.

**Catholic High School • 4810 Bradford Drive • Huntsville, AL 35805
 Phone 256.430.1760 • Fax 256.430.1766
 www.chsfalcons.org**