

TEACHER RECOMMENDATION - CONFIDENTIAL

Print your name on the line below and give this form to the person whom you are requesting a recommendation. The completed form should be mailed no later than Friday, January 8, 2021 to:

OFFICE OF ADMISSIONS
THE ACADEMY OF THE HOLY CROSS
4920 STRATHMORE AVENUE
KENSINGTON, MD 20895
admissions@academyoftheholycross.org

NAME OF APPLICANT:		
The above-named student has Cross. The Admissions Comm the following questions:	applied for admission to Tl	
How long have you known the	e applicant?	
What subject have you taught t	he applicant?	
Please rate the applicant on th following number code:	-	aracteristics by using the
1 = Outstanding	2 = Good	3 = Satisfactory
4 = Improvement Needed	5 = Unsatisfactory	N/A = Insufficient opportunity to observe
ACADEMIC RATINGS	PERS	SONAL ATTRIBUTES
Ability to work independently		Conduct
Ability to work in a group		Integrity
Ability to follow directions		Leadership
Ability to express ideas orally		Emotional Maturity
Achievement related to potential F		Relationship with peers
Creativity		Relationship with adults
Intellectual curiosity		Concern for others
Organization of time and work		Self Confidence
Self-motivation		

RECOMMENDATION (Please check one)
☐ One of the top students I have encountered
☐ Recommend highly
☐ Recommend confidently
□ Recommend
□ Not recommend
☐ I wish to provide additional information (please attach a letter).
Please answer the following questions:
What words would you use to describe this student's strengths?
List areas of growth for this student.
Describe the student's work ethic.
Please explain excessive tardiness or absences.
Trease explain excessive landiness of dosences.
List student's activities or interests.
Describe parental involvement and cooperation.
Note other areas that may influence this student's achievement in school. (optional)
(optional)
Signature:
Print Name: Date:
School Name:
School Address:
School Contact Phone Number