



The Academy of the HOLY CROSS

SPONSORED BY THE SISTERS OF THE HOLY CROSS

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, December 27, 2019 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 applied for admission to The Academy of the Holy Cross. The Admissions Committee would appreciate your assistance by answering the following questions:

How long have you known the applicant? _____

What subject have you taught the applicant? _____

Please rate the applicant on the following abilities and characteristics by using the following number code:

1 = Outstanding	2 = Good	3 = Satisfactory
4 = Improvement Needed	5 = Unsatisfactory	N/A = Insufficient opportunity to observe

ACADEMIC RATINGS

PERSONAL 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* _____ *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.

List student's activities or interests.

Describe parental involvement and cooperation.

Note other areas that may influence this student's achievement in school.
(optional)

Signature: _____

Print Name: _____ Date: _____

School Name: _____

School Address: _____

School Contact Phone Number: _____