



# 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.

OFFICE OF ADMISSIONS  
THE ACADEMY OF THE HOLY CROSS  
4920 STRATHMORE AVENUE  
KENSINGTON, MD 20895

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

- \_\_\_\_\_ *Ability to work independently*
- \_\_\_\_\_ *Ability to work in a group*
- \_\_\_\_\_ *Ability to follow directions*
- \_\_\_\_\_ *Ability to express ideas orally*
- \_\_\_\_\_ *Achievement related to potential*
- \_\_\_\_\_ *Creativity*
- \_\_\_\_\_ *Intellectual curiosity*
- \_\_\_\_\_ *Organization of time and work*
- \_\_\_\_\_ *Self-motivation*

### PERSONAL ATTRIBUTES

- \_\_\_\_\_ *Conduct*
- \_\_\_\_\_ *Integrity*
- \_\_\_\_\_ *Leadership*
- \_\_\_\_\_ *Emotional Maturity*
- \_\_\_\_\_ *Relationship with peers*
- \_\_\_\_\_ *Relationship with adults*
- \_\_\_\_\_ *Concern for others*
- \_\_\_\_\_ *Self Confidence*

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: \_\_\_\_\_