



# STUDENT RECOMMENDATION FORM

GRADES 2-8

Name of Student \_\_\_\_\_

Birthdate \_\_\_\_\_ Application for Grade \_\_\_\_\_

I have known this candidate \_\_\_\_\_ years/months

My relationship has been that of \_\_\_\_\_ Date \_\_\_\_\_

To the teacher or school director: We appreciate your cooperation in completing this form. The items below ask for your sense of this student's relationships within the school community, emotional and social growth, and intellectual development. Your insights will help us get to know this child. We understand the difficulty in evaluating a student, and are always aware that children are constantly growing, changing and developing. Thank you for your help.

What are the first words that come to your mind in order to describe this candidate?  
\_\_\_\_\_  
\_\_\_\_\_

What are the applicant's special interests?  
\_\_\_\_\_  
\_\_\_\_\_

For the following items, please fill in the circle that best describes the level of the child's development in your evaluation.

### SOCIAL DEVELOPMENT

	Excellent	Good	Fair	Comments
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consideration for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Leadership ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sense of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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	Excellent	Good	Fair	Comments
Study habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Organization of time and work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intellectual curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attention span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability of express ideas orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to follow directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to work in a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Perseverance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Academic ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Academic achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reads for pleasure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parent cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parent involvement in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Have all financial obligations been met?  Yes, always met on time  No

We would appreciate additional comments and observations concerning the strengths, weaknesses, health or special needs of this student. We welcome any other information which you think might be helpful. You may use a separate sheet of paper for further comments in any category.

Signature \_\_\_\_\_ Print or type name \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please return this form to: **SAINT PATRICK'S SCHOOL  
4101 NORBECK ROAD  
ROCKVILLE, MARYLAND 20853**

Or Fax to: **301-929-1474**

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