

SACRED HEART SCHOOL, COVINA
CONFIDENTIAL TEACHER RECOMMENDATION FORM.

THIS FORM IS FOR APPLICANTS OF GRADES 1-8 ONLY.

TO THE PARENT: As part of the admissions process at Sacred Heart School, we must receive a candid assessment of the applicant. The student's application will not be processed without this completed form. Please fill in the following information and give this form to your student's teacher. He or she will appreciate being given plenty of time to complete this form as well as an **addressed and stamped envelope** in which to mail it directly to Sacred Heart School. Failure to complete file by March 13, 2017 will result in student losing priority admission status.

NAME OF APPLICANT: _____
 First Middle Last

Candidate for Grade: _____ for the 2017-18 school year.

School: **Sacred Heart School 360 W. Workman St. Covina, CA 91723**

TO THE TEACHER: Thank you very much for your assistance. Your remarks will be held in the strictest of confidence and will be most appreciated as we begin our review of the applicant's personal characteristics and academic credentials. Please return this form, along with the applicant's most recent report card and Standardized Test results to the attention of the Principal, Sacred Heart School, as soon as possible.

ACADEMIC ASSESSMENT	Excellent	Good	Average	Below Average
Motivation				
Creative qualities				
Self-discipline				
Growth potential				
Achievement				
Ability in relation to achievement				
Attendance in school				

CHARACTER ASSESSMENT	Excellent	Good	Average	Below Average
Leadership				
Self-confidence				
Personality				
Sense of humor				
Concern for others				
Emotional maturity				
Personal initiative				
Reaction to setbacks				
Respectful attitude to faculty				
Ability to work with others				
General conduct				

OVER->

Have you any reason to doubt the applicant's integrity? _____

If yes, please explain below:

Has the applicant's home environment been a positive force in his/her development? Please explain:

If this student were to reapply to your school, would you grant acceptance? _____

Please check two of the following, if applicable:

(please refer to the appropriate party for the following information)

- _____ Parents/Guardians meet financial obligations.
_____ Parents/Guardians have difficulty meeting financial obligations.
_____ Parents/Guardians fail to meet financial obligations.
- _____ Parents/Guardians support school sponsored activities.
_____ Parents/Guardians do not support school-sponsored activities.

Form completed by:

Name (please print)

Title

School Name

Signature:

Telephone Number:

(Where you may be reached during the day)

This form is to be mailed directly to:

**Principal
Sacred Heart School
360 W. Workman St.
Covina, CA 91723**

It may also be faxed to the Principal at (626)967-8836