

Recommendation Form For Public School and Non-Diocesan School Students

Recommendation 1: To be completed by a current or former classroom teacher (within the last 2 school years) Recommendation 2: To be completed by a different teacher, guidance counselor, or school administrator.

our Name		Relationship to Applicant					
ne student above is seeking admission to Holy Name High School. We would appreciate your candid response egarding the student's intellectual promise and capacity for success. Be assured your comments will be held in the rictest confidence and will not be shared with the student or parents. This recommendation will not become part se student's permanent file. Thank you so much for your time and effort in completing this form.							
	Excellent	Good	Average	Poor			
Willingness to Serve Others							
Academic Achievement							
Academic Potential							
Consistency of Performance							
Quality of Daily Preparation							
Work Ethic							
Class Participation							
Self-Direction							
Leadership Ability							
Relationship with Peers							
Relationship with Adults							
Respect for Others							
Integrity and Honesty							
Social & Emotional Maturity							
Exercises Self Control							
Family Support of Education							

1.	Math						
Th	e student will have completed:Math 8Pre-AlgebraAlgebra 1UnknownOther						
2.	Foreign Language						
Th	e Student will have had:						
	No Foreign Language						
	Some Foreign Language (Please Specify)						
	Equivalent of a yearlong high school course (Please Specify)						
	Unknown						
	Speaks foreign language fluently (Please Specify)						
3.	Please reflect on the impact that co-curricular activities have had on this student's development.						
1	Are there any factors that have interfered with this student's past academic performance or are there any						
٠.	factors that could interfere with this student's academic performance in high school?						
5	Has the student been disciplined for a severe infraction or suspended?No Yes If yes, please						
٥.	explain:						
	CAPILITIES .						
6	Have any academic accommodations been made that should continue in high school to facilitate this						
0.	student's success?						
7	How has the student positively imposted your school anvironment?						
/.	How has the student positively impacted your school environment?						

	Strongly		Recommend with	Do Not
	Recommend	Recommend	Reservation	Recommend
For Academic Promise				
For character/personal promise				
Overall recommendation				
Additional Comments (optional):				
Printed Name	Title		School	

In an effort to keep your recommendation confidential, we ask that you submit this form directly to the

Date

Signature

You may mail the form or send a picture or scan via email.

Holy Name Admissions Office upon completion.

Mailing Address: 6000 Queens Highway Parma Hts., OH 44130

Email:

Rachel Shurtleff, Director of Admission - rshurtleff@holynamehs.com Ty Wood, Admissions Associate - twood@holynamehs.com

> Questions? Phone: 440-886-0300 ext. 100 or 116