

St. Xavier High School Companion Scholars Program
6th or 7th Grade Academic Teacher Recommendation

Applicant Legal Name: _____

Teacher Name (please print): _____ Grade Level: _____

Teacher Signature: _____ School: _____

Telephone: _____ Fax: _____

Academic Ratings

| | | | | |
|-----------------------------|-------------------------------|----------------------------------|-------------------------------|------------------------------------|
| <i>Effort/Drive</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Study Habits</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Critical Thinking</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Attention Span</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Academic Potential</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Academic Achievement</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Non – Academic Ratings

| | | | | |
|-------------------------------|-------------------------------|----------------------------------|-------------------------------|------------------------------------|
| <i>Integrity</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Classroom Behavior</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Cooperation</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Respect of Peers</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Kind/Helpful to Others</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| <i>Initiative</i> | <input type="checkbox"/> Poor | <input type="checkbox"/> Average | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |

Overall Recommendation

- I *strongly recommend* this candidate for admission to the Companion Scholars Program
- I *recommend* this candidate for admission to the Companion Scholars Program
- I *recommend* this candidate *with some reservation* to the Companion Scholars Program
- I *do not recommend* this candidate for admission to the Companion Scholars Program

Parent/Guardian Consent to Release Information:

To allow a completely candid evaluation I waive my right to examine this recommendation and understand that the comments of the evaluator will be held in the strictest of confidence throughout the selection process.

Parent/Guardian Signature: _____ Date: _____

Please mail completed evaluations by March 29, 2019 to:
St. Xavier High School, ATTENTION: Jill Malik, 600 W. North Bend Road, Cincinnati, Ohio 45224