



RECOMMENDATION FORM FOR SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

Name of student

Name of school

Present grade

Address of school

Telephone number

Name of teacher

Length of time teacher has known applicant

The above named student is applying to Sacred Heart Greenwich. Your comments will be of great assistance as we review her application. We therefore ask that you complete this form at your earliest convenience. Your comments will be held in the strictest confidence.

If you do not feel that you are the appropriate person to fill out this recommendation form, please pass it on to the division head or student advisor. Similar forms will be sent to the student's teacher(s).

How long have you known the applicant?

In what areas has the student shown unusual ability of aptitude?

How would you describe the student's overall academic achievement?

How would you describe the student's personality?

How would you describe the student's relationship with her peers?

How would you describe the family's relationship with the school?



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(continued)

Is the parent(s)' perception of their child compatible with the school's perception of the child?

Do you have any concerns about the student's academic progress?

If so, has the school recommended any specialized testing? (Please include the name of the test given, date/grade level when testing took place.)

Please comment, if possible, on the recommendations made as a result of the testing.

Do you know why the family may be considering a school change?

Additional comments:

Please check if you wish to discuss this candidate by telephone. Best time to call: _____

Name _____ Position _____ Telephone _____

Signature _____ Date _____

**Thank you for helping us make a true assessment of this student.
The information will be kept confidential.**

Please return to:

Admission Office
Sacred Heart Greenwich
1177 King Street
Greenwich, CT 06831
Tel: 203.532.3534
Fax: 203.532.3301
Email: admission@cshct.org