



Secondary Schools of the Oakland Diocese

Recommendation Form for Students attending Catholic or Public/Private/Independent Schools

PRINCIPAL/COUNSELOR RECOMMENDATION FORM DUE DATE: Friday, February 4, 2022

Student's Name: _____ Current School: _____

Grades Attended: _____ Previous School if applicable for Grades 5-8 only: _____

PRINCIPAL/COUNSELORS: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

STUDENT EVALUATION

| QUALITIES: ACADEMIC | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Demonstrates good study habits/skills | | | | | | |
| Is able to focus in class | | | | | | |
| Is self-motivated and can work independently | | | | | | |
| Ability to organize and communicate ideas | | | | | | |
| Motivation/perseverance in spite of difficulty | | | | | | |
| Intellectual Curiosity | | | | | | |
| Critical and abstract thinking skills | | | | | | |
| Attendance | | | | | | |
| Behavior/conduct | | | | | | |

| QUALITIES: PERSONAL/SOCIAL SKILLS | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Exhibits emotional maturity | | | | | | |
| Is respected by peers | | | | | | |
| Leadership | | | | | | |
| Reaction to criticism | | | | | | |
| Concern for others | | | | | | |
| Personal conduct/citizenship | | | | | | |
| Demonstrates integrity/honesty | | | | | | |
| Takes responsibility | | | | | | |
| Ability to work cooperatively/relates well with others | | | | | | |

| FAMILY AND HIGH SCHOOL READINESS | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Readiness for college prep curriculum | | | | | | |
| Parent support of child's teachers and school policies | | | | | | |
| Parent financial obligations, if any | | | | | | |

PRINCIPAL COMMENTS:

| PRINCIPAL RECOMENDATION | HIGHLY | CONFIDENTLY | MODERATELY | RECOMMENDED WITH RESERVATION | NOT RECOMMENDED |
|---|--------|-------------|------------|------------------------------|-----------------|
| This student is recommended: (check one) | | | | | |

Signed: _____ Position: _____ Dated: _____

IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time): _____

This recommendation form will NOT become part of the applicant's permanent record and remains strictly confidential. The applicant's parents have authorized completion of this form and waiver their right to access it.



Secondary Schools of the Oakland Diocese

Recommendation Forms for Students attending Catholic or Public/Private/Independent Schools

ENGLISH TEACHER RECOMMENDATION FORM

DUE DATE: Friday, February 4, 2022

Student's Name: _____ Current School: _____

Grades Attended: _____ Previous School if applicable for Grades 5-8 only: _____

ENGLISH TEACHER: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

STUDENT EVALUATION

| QUALITIES: ACADEMIC | EXCELLENT | BETTER THAN AVERAGE | AGE APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Demonstrates good study habits//organization | | | | | | |
| Attentiveness: able to focus in class | | | | | | |
| Self-motivation and can work independently | | | | | | |
| Organization preparation for class | | | | | | |
| Motivation/perseverance in spite of difficulty | | | | | | |
| Attendance | | | | | | |
| Behavior/Conduct | | | | | | |

| PERSONAL/SOCIAL SKILLS | EXCELLENT | BETTER THAN AVERAGE | AGE APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Exhibits emotional maturity | | | | | | |
| Is respected by peers | | | | | | |
| Leadership | | | | | | |
| Reaction to criticism | | | | | | |
| Demonstrates integrity/honesty | | | | | | |
| Works cooperatively/relates well with others | | | | | | |

| COMMUNICATION SKILLS | EXCELLENT | BETTER THAN AVERAGE | AGE APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|------------------------------|-----------------------------|-------------------------------------|-------------------|---------------------------------------|---------------------------|
| Ability to express ideas verbally | | | | | | |
| Composition and writing ability | | | | | | |
| Grammar/vocabulary skills | | | | | | |
| Imagination and creativity | | | | | | |
| Reading and comprehension | | | | | | |
| Ability matches performance | | | | | | |
| Any accommodations/modification/resource services provided for this student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Documented | | <input type="checkbox"/> Undocumented | |

TEACHER COMMENTS (Additional comments are welcome):

| TEACHER RECOMENDATION | YES, WITH ENTHUSIASUM | YES, WITH CONFIDENCE | YES | MAYBE | I WOULD NOT |
|--|-----------------------|----------------------|-----|-------|-------------|
| Would you want this student in your class again? | | | | | |

Signed: _____ Position: _____ Dated: _____

IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time): _____

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Secondary Schools of the Oakland Diocese

Recommendation Forms for Students attending Catholic or Public/Private/Independent Schools

MATHEMATICS TEACHER RECOMMENDATION FORM

DUE DATE: Friday, February 4, 2022

Student's Name: _____ Current School: _____

Grades Attended: _____ Previous School if applicable for Grades 5-8 only: _____

MATHEMATICS TEACHER: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

| STUDENT EVALUATION | | | | | | |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| QUALITIES: ACADEMIC | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
| Demonstrates good study habits//organization | | | | | | |
| Attentiveness: able to focus in class | | | | | | |
| Self-motivation and can work independently | | | | | | |
| Organization preparation for class | | | | | | |
| Motivation/perseverance in spite of difficulty | | | | | | |
| Attendance | | | | | | |
| Behavior/Conduct | | | | | | |

| PERSONAL/SOCIAL SKILLS | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|-----------|---------------------|-----------------|-------------------|------------------------|---------------------------|
| Exhibits emotional maturity | | | | | | |
| Is respected by peers | | | | | | |
| Leadership | | | | | | |
| Reaction to criticism | | | | | | |
| Demonstrates integrity/honesty | | | | | | |
| Works cooperatively/relates well with others | | | | | | |

| MATHEMATICAL SKILLS | EXCELLENT | BETTER THAN AVERAGE | AGE-APPROPRIATE | NEEDS IMPROVEMENT | EXPERIENCES DIFFICULTY | NO OPPORTUNITY TO OBSERVE |
|--|---------------------------------------|---|--------------------------------------|--|---|---------------------------------------|
| Mastery and retention of basic math skills | | | | | | |
| Problem solving and reasoning ability | | | | | | |
| Reasoning and abstract thinking skills | | | | | | |
| Understanding of underlying math ideas/concepts | | | | | | |
| Ability matches performance | | | | | | |
| Math level student is currently taking (check) | <input type="checkbox"/> Basic 8 Math | <input type="checkbox"/> Accl 8 Math | <input type="checkbox"/> Pre-Algebra | <input type="checkbox"/> Algebra | <input type="checkbox"/> Algebra Honors | <input type="checkbox"/> Geometry |
| Math placement recommendation for this student (check) | <input type="checkbox"/> Algebra | <input type="checkbox"/> Algebra Honors | <input type="checkbox"/> Geometry | <input type="checkbox"/> Geometry Honors | <input type="checkbox"/> Algebra 2/Trig | <input type="checkbox"/> Other: _____ |
| Any accommodations/modification/resource services provided for this student? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Documented | | <input type="checkbox"/> Undocumented | |

TEACHER COMMENTS (Additional comments are welcome):

| TEACHER RECOMENDATION | YES, WITH ENTHUSIASUM | YES, WITH CONFIDENCE | YES | MAYBE | I WOULD NOT |
|--|-----------------------|----------------------|-----|-------|-------------|
| Would you want this student in your class again? | | | | | |

Signed: _____ Position: _____ Dated: _____

IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time): _____