



## Administrator & Teacher Recommendation Forms

### **Introduction - To be completed by the parent/guardian**

Name of Applicant: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

I authorize the confidential assessment of the applicant, along with official school records, to be completed and sent to St. John's Episcopal School for the purpose of evaluation. By signing below, I agree to waive my right of access to any information provided to St. John's Episcopal School by the Teacher/Administrator who completes these forms.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This student is applying for admission to St. John's Episcopal School. The forms in this packet are as follows:

- Administration Evaluation Form
- Teacher Recommendation Form

Please return these forms, along with the student's official academic transcripts and standardized test scores.

Scan and email to: [recommendations@stjohnseagles.org](mailto:recommendations@stjohnseagles.org)

Fax to: 813.849.1026

Mail to: Admissions, St. John's Episcopal School, 240 South Plant Avenue, Tampa, FL 33606

For any questions or concerns, or to speak directly, please contact the Office of Enrollment Management at (813).600.4348.



## Administrator & Teacher Recommendation Forms

### **Administrator Evaluation Form - To be completed by school administrator**

Name of Applicant: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

**Rating Scale: 5 (exceptionally high) to 1 (very low) (N/A if not applicable)**

- |                                     |  |
|-------------------------------------|--|
| _____ Academic Ability              | _____ Parents' Cooperation with the School         |
| _____ Emotional Stability           | _____ Parents' Timely Payment of Tuition/Fees      |
| _____ Conduct/Discipline            | _____ Participation in School Community Activities |
| _____ Organizational Skills         | _____ Attendance at School Functions               |
| _____ Ability to Work Independently | _____ Extracurricular Activities (listed below):   |

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**Please answer to the best of your ability:**

1. Would this student be invited back to your school next year?  Yes  No

If no, please explain. \_\_\_\_\_

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2. Has the child ever had any serious disciplinary action taken against him/her?  Yes  No

If so, please explain. \_\_\_\_\_

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3. Has the child ever been evaluated for learning or emotional challenges?  Yes  No

If so, please explain. \_\_\_\_\_

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The Admissions Committee would appreciate a frank statement summarizing your opinion of this student's willingness and ability to succeed in a highly-structured, academically challenging school.

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# ST. JOHN'S

Episcopal Parish Day School

## Administrator & Teacher Recommendation Forms

### Teacher Recommendation Form - To be completed by applicant's teacher

Name of Applicant: \_\_\_\_\_ Grade for which applying: \_\_\_\_\_

The parents of the above student have asked St. John's Episcopal School to consider their son/daughter for admission. The Admissions Committee would be grateful if you would provide the information requested.

#### Student Evaluation Chart – Please Check the Appropriate Boxes

	No Basis For Judgment	Below Average	Average	Above Average	Excellent	Truly Outstanding
Written Expression						
Reading Ability						
Mathematical Ability						
Oral Expression						
Organizational Skills						
Energy and Initiative						
Sense of Responsibility						
Academic Potential						
Leadership						
Integrity						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Relationship to Others						
Reaction to Criticism						
Respect Accorded by Classmates						
Respect Accorded by Faculty						
Conduct						
Attendance						

Name of Teacher: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Name of School: \_\_\_\_\_

Course(s) Taught: \_\_\_\_\_

Number of years you have known the applicant: \_\_\_\_\_