St. Xavier High School Companion Scholars Program
5th *or* 6th Grade Academic Teacher Recommendation

Applicant Legal Name: _____

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

Subject(s):_____ **School:** _____

Teacher Signature: _____ **Telephone:**_____

Academic Ratings

Effort/Drive	☐ Poor	☐ Average	☐ Good	☐ Excellent
Study Habits	☐ Poor	☐ Average	☐ Good	☐ Excellent
Critical Thinking	☐ Poor	☐ Average	☐ Good	☐ Excellent
Attention Span	☐ Poor	☐ Average	☐ Good	☐ Excellent
Academic Potential	☐ Poor	☐ Average	☐ Good	☐ Excellent
Academic Achievement	☐ Poor	☐ Average	☐ Good	☐ Excellent

Non – Academic Ratings

Integrity	☐ Poor	☐ Average	☐ Good	☐ Excellent
Classroom Behavior	☐ Poor	☐ Average	☐ Good	☐ Excellent
Cooperation	☐ Poor	☐ Average	☐ Good	☐ Excellent
Respect of Peers	☐ Poor	☐ Average	☐ Good	☐ Excellent
Kind/Helpful to Others	☐ Poor	☐ Average	☐ Good	☐ Excellent
Initiative	☐ Poor	☐ Average	☐ Good	☐ 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 return completed evaluations (electronic or hard copy) to:
St. Xavier High School, ATTENTION: Jill Malik, 600 W. North Bend Road, Cincinnati, Ohio 45224
jmalik@stxavier.org