



Principal or Counselor Recommendation Form

Return this completed form to the high schools requested no later than **January 31, 2024**.
 This request is valid through September 1, 2024.

The student named below has applied for admission to a Portland area Catholic high school. Please complete this form to help us assess this student for admission. Thank you for your assistance.

Student Name: _____ **Date:** _____

Current School: _____ **Number of Years Attended:** _____

Principal/Counselor Name: _____ **Title:** _____

Phone: _____ **Signature:** _____

Please rate the student on each of the characteristics listed below:

Characteristics:	Outstanding <small>always, superior (top 10% of your students)</small>	Good <small>quite often (top 25% of your students)</small>	Average <small>generally, fair</small>	Below Average <small>occasionally, sometimes</small>	Poor <small>rarely, never</small>	NA <small>does not apply</small>
Ability to work independently						
Academic potential						
Academic performance						
Cooperation with adults						
Leadership						
Motivation						
Participation in activities						
Relations with peers						
Study habits						
Attendance						
Citizenship						
Behavior						
Honesty						
Overall evaluation of student						

Has this student been suspended in the last three years? Yes* No

Does this student require special accommodations or have special needs? Yes* No

Is this student on an IEP, ILP, or 504 plan? Yes* No

Please send a copy of the IEP/ 504/ ILP and any documentation regarding this student's learning needs.

*** If you answered yes to any of the above questions, use the other side to explain.**

Is this student ready for a college preparatory high school curriculum? Yes No

Is this family in good financial standing with your school? Yes No N/A

OPTIONAL: I would like a telephone conference: Yes No Phone Number: _____

Please use the other side for additional comments.

