



Bishop Foley Catholic High School

International Student TEACHER RECOMMENDATION FORM

STUDENT NAME AS SHOWN ON PASSPORT _____
Last Name (family name)
First Name (given name)
Middle Name

STUDENT PREFERRED NAME _____ BIRTH DATE _____/_____/_____ Male Female

Applicant: The remaining information must be completed by a teacher at your current school. Please give your teacher the application deadline.

TO THE TEACHER

Please complete and sign this Teacher Recommendation Form. Information you provide will be kept confidential and will not become part of the student's school record. Your signature confirms you completed the form and provided accurate information to the best of your ability. If you have questions, contact the Admissions Director, Audrey Sharp at 248.658.2038 or sharp@bishopfoley.org

TEACHER NAME _____ SUBJECT/GRADE YOU TEACH _____

SCHOOL _____ COUNTRY _____

MAILING ADDRESS _____

PHONE (_____) _____ - _____ EMAIL _____

HOW LONG HAVE YOU KNOWN THE APPLICANT _____ IN WHAT CAPACITY _____

SIGNATURE _____ **DATE** _____ / _____ / _____

CANNOT JUDGE	THE STUDENT	ALWAYS	MOST OF THE TIME	SOME OF THE TIME	RARELY	COMMENTS
	Displays intellectual curiosity					
	Demonstrates higher level thinking skills					
	Works to potential					
	Completes work on time					
	Responds appropriately to criticism					
	Participates actively in class					
	Cooperates with teachers					
	Works well with others					
	Works well independently					
	Solves problems independently					
	Takes responsibility for actions					
	Demonstrates leadership qualities					
	Positive attitude toward learning					
	Able to communicate ideas in English					
	Treats others with respect and dignity					