

Notre Dame High School

Confidential Recommendation Form



Due: January 25, 2019

To the Student: Please type or print your name and give this form to your current Principal or Counselor with a stamped envelope addressed to the Director of Admissions.

Student Name: _____

Current School: _____

To the Principal/Counselor: This report will be held in strictest confidence. Schools may submit a copy of the Confidential Recommendation Form provided by the Archdiocese of San Francisco in place of this form.

Academic Qualities

	Excellent	Good	Average	Below Average
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This student is capable of succeeding in a college preparatory curriculum. Yes No

Personal Qualities

	Excellent	Good	Average	Below Average
Personal Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in School Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Her Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Information (This information will not be used when evaluating the student.)

	Excellent	Good	Average	Below Average
Commitment to Catholic education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for School Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Financial Obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the family receiving financial aid? Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>		

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1. Please use the space below to state your supporting reasons on any of the academic and personal qualities marked on the previous page.
2. Should the Admissions Committee be aware of any factors that have had an impact on this student's academic or social progress to date?
3. Has this student ever been placed in any special school programs (e.g., Gifted Student, Accelerated Classes, ESL, LEP, Tutorial or Resource/Learning Specialist, etc.) or received any special learning accommodations (e.g., extended time, untimed or oral testing, enlarged print, books on tape, adjusted assignments, etc.)?
4. Please comment on this student's disciplinary and attendance record at your school.

Overall Recommendation

- I strongly recommend this applicant.
- I recommend this applicant.
- I recommend this applicant with reservations.
- I do not recommend this applicant.

5. Is there additional information regarding this student that could be conveyed more effectively in a telephone conversation?

Yes No

Please call the school regarding this applicant and ask for: _____

Signature: _____ Date: _____

Print Name: _____ Position: _____

School: _____ Phone: _____

This report will not be disclosed to the applicant. It will be available only to those involved in our admission decision process.