



CURRENT ENGLISH TEACHER RECOMMENDATION

This form is to be delivered to the recommending teacher by the applicant, then sent directly to St. Dominic Savio by the recommending teacher or the school.

Last Name _____ First Name _____ Applying for Grade 9 10 11 12

To the Parents:

My child, named above, has applied for admission to St. Dominic Savio Catholic High School. I ask that you provide the information requested and forward it directly to the school. I hereby waive my right of access to this document, as well as my child's right. I understand that this recommendation form will not become part of my child's permanent file, nor will it be forwarded to other institutions without my prior approval.

Parent/Guardian Signature _____ Date _____

To the Teacher:

We would appreciate your observations about the areas listed below. You may indicate your ratings by selecting the most appropriate description. ***Any ratings marked in the last 2 columns, please provide reason(s) for the low ratings.*** Additional comments are also welcomed and encouraged. Comments may be added on the back of the page.

**When complete, please attach any additional and/or a letter of recommendation and send it to:
SDSCHS † Office of Admission † 9300 Neenah Avenue † Austin, Texas † 78717**

Academic Ability	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Passing Work	<input type="checkbox"/> Marginal Ability*	<input type="checkbox"/> Poor*
Extracurricular Involvement	<input type="checkbox"/> Outstanding Leader	<input type="checkbox"/> Real Contributor, Major Office	<input type="checkbox"/> Fairly Active	<input type="checkbox"/> Minor Participation*	<input type="checkbox"/> Few or No Activities*
Integrity	<input type="checkbox"/> Exceptionally Upright	<input type="checkbox"/> Noticeably Upright	<input type="checkbox"/> Upright, No Cause to Question	<input type="checkbox"/> Weak or Questionable*	<input type="checkbox"/> Record of Dishonesty*
Conduct	<input type="checkbox"/> Outstanding in Every Respect	<input type="checkbox"/> Generally Excellent	<input type="checkbox"/> Good or Acceptable	<input type="checkbox"/> Marginal*	<input type="checkbox"/> Poor Personal Habits*
Initiative & Drive	<input type="checkbox"/> Outstanding, Very Focused	<input type="checkbox"/> Well Above the Average	<input type="checkbox"/> Generally Strong Enough	<input type="checkbox"/> Occasionally Weak or Lacking*	<input type="checkbox"/> Very Weak*
Personal Overall Qualities	<input type="checkbox"/> Outstanding Person	<input type="checkbox"/> Considerable Appeal, Strong	<input type="checkbox"/> No Strengths or Weaknesses	<input type="checkbox"/> Not Outgoing, Immature*	<input type="checkbox"/> Poor Impression, Very Immature*
Care and Concern for Others	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Little Concern*	<input type="checkbox"/> Unconcerned*
Emotional Adjustment	<input type="checkbox"/> Exceptionally Well Adjusted	<input type="checkbox"/> Well Balanced	<input type="checkbox"/> Usually Well Balanced	<input type="checkbox"/> Excitable or Unresponsive*	<input type="checkbox"/> Very Emotional or Apathetic*
Recommendation as a Student	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair*	<input type="checkbox"/> Poor*
Recommendation as a Person	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair*	<input type="checkbox"/> Poor*
I recommend this student to SDSCHS	<input type="checkbox"/> Enthusiastically	<input type="checkbox"/> Confidently	<input type="checkbox"/> Reservedly	<input type="checkbox"/> Not at all	

****Any ratings marked in the last 2 columns, please provide reason(s) for the low ratings on the back of page.***

How long have you known/taught the applicant? _____ Email: _____

Teacher Print Name: _____ Date _____

Teacher Signature: _____