



**CURRENT MATH 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**

<b>Academic Ability</b>	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Passing Work	<input type="checkbox"/> Marginal Ability*	<input type="checkbox"/> Poor*
<b>Extracurricular Involvement</b>	<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*
<b>Integrity</b>	<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*
<b>Conduct</b>	<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*
<b>Initiative &amp; Drive</b>	<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*
<b>Personal Overall Qualities</b>	<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*
<b>Care and Concern for Others</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Little Concern*	<input type="checkbox"/> Unconcerned*
<b>Emotional Adjustment</b>	<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*
<b>Recommendation as a Student</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair*	<input type="checkbox"/> Poor*
<b>Recommendation as a Person</b>	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair*	<input type="checkbox"/> Poor*
<b>I recommend this student to SDSCHS</b>	<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: \_\_\_\_\_