



ST. ROSE OF LIMA SCHOOL

Rooted in Faith. Thriving in Academics.

TEACHER RECOMMENDATION FORM

Applicant's Name _____
LAST FIRST MIDDLE

Home Address _____

City _____ State _____ Zip _____

Telephone _____

How long have you known this student? _____ Years _____ Months

Please use the second column to rate this student in relationship to other students of his/her age whom you know.
Scale: 1=Excellent/2=Good/3=Average/4=Below Average

Leadership	
Self-confidence	
Warmth of Personality	
Sense of Humor	
Energy	
Emotional Maturity	
Personal Initiative	
Respect for Others	
Organizational Skills	
Peer Relationships	

Please comment candidly on the strengths and weaknesses of the applicant to the best of your knowledge.
Intellectual and academic ability, work ethic, and homework habits.

Please check any of the following that apply to this student:

_____ 504 Plan _____ I.E.P. _____ Academic Probation _____ Other: _____

What academic and non-academic activities has this student been an active participant? Has this student been recognized for any special personal or academic achievements? Be specific.

Overall Recommendation:

- I strongly recommend this applicant with enthusiasm and without reservation.
- I recommend this applicant.
- I have reservations about recommending this applicant and have provided additional written explanation.
- I do not recommend this applicant.

Name (Please Print)

Position

Signature

Date

E-Mail Address: _____

Thank you for your kind consideration of this application. All information is confidential and is not shared with parents/guardians. Please return this form in an official sealed school envelope or through the official school FAX to:

Admissions
St. Rose of Lima School
40 Church Hill Road
Newtown, CT 06470