

SAINTS PETER AND PAUL HIGH SCHOOL

Celebrating 50 Years of Excellence in Catholic Education 1958-2008

Recommendation Form

Head of School or Guidance Counselor: The student named below is an applicant to Saints Peter and Paul High School. We would appreciate your candid assessment of the student and his/her abilities and potential. This assessment will remain confidential. Please return this form to Saints Peter and Paul High School at your earliest convenience.

Name of Applicant: _____ Applicant to Grade: 9 10 11 12

Academic Qualities	Below Average	Fair	Good	Superior
Academic Potential				
Academic Performance				
Self Motivation				
Study Habits				
Writing Ability				
Oral Expression				
Follows Directions				
Seeks Help When Needed				
Attention Span				
Capable of Honors/AP Placement				

Personal Qualities	Below Average	Fair	Good	Superior
Maturity				
Honesty/Integrity				
Conduct				
Self Confidence				
Relations with Peers				
Parental Support				

Please provide any additional information that might be helpful in our evaluation of this student (*use reverse side or attach separate sheet if necessary*):

Name: _____ Position: _____

Signature: _____ Date: _____