



## Recommendation Form

**TO THE APPLICANT:** You need two letters of recommendation sealed in letter envelopes to complete your application requirements. The person you choose to recommend you should hold a position of authority over you (e.g. teacher, advisor, counselor) and should know you well enough to provide the school with a helpful evaluation of your strengths and/or areas for improvement. **The persons recommending you may submit a recommendation letter or may use this form.**

Write your name below using ink. Provide the person recommending you with a letter envelope.

NAME \_\_\_\_\_  
(On birth certificate)      LAST NAME      FIRST NAME      MIDDLE NAME

**TO THE PERSON RECOMMENDING:** The student whose name appears above is applying for admission to the St. Alexius Senior High School. Your candid assessment of this student will assist the Admissions Committee in evaluating this student's application. Please fill out this form completely. When you have filled out this form, please seal it in a letter envelope and sign across the flap before returning it to the applicant. All information will be kept confidential.

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*Please check the box that is applicable.*

	Above Average	Average	Below Average	No Chance To Observe
Intellectual Ability				
Oral Communication Skills				
Written Communication Skills				
Motivation				
Consistency of Performance				
Adaptability				
Leadership Potential				

Please provide any information you think would help the Admissions Committee better understand the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVERALL RECOMMENDATION:**      ☐ Strongly Recommended      ☐ Recommended  
   ☐ Recommended With Reservation\*      ☐ Not Recommended\*

*\*Please state your reason/s on the lines below or on a separate sheet.*

\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDER'S FULL NAME: \_\_\_\_\_ DESIGNATION: \_\_\_\_\_  
CONTACT DETAILS: PHONE NUMBER/S: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ IN WHAT CAPACITY? \_\_\_\_\_

RECOMMENDER'S SIGNATURE: \_\_\_\_\_