



# Cathedral Chapel School

## NEW STUDENT RECOMMENDATION FORM (GRADES K-8)

The following student has applied for admission to Cathedral Chapel School. Please complete and return this form by mail no later than March 10, 2023. **This information is confidential. Do not return to the applicant.** Thank you for taking the time to complete this form.

Child's Name \_\_\_\_\_ Present Grade \_\_\_\_\_ Length of Time at School \_\_\_\_\_

**PLEASE RATE ON A SCALE OF 1 – 5:**

	<b>HIGH</b>					<b>LOW</b>
Student's general attitude	5	4	3	2	1	
School study habits/effort	5	4	3	2	1	
Cooperation	5	4	3	2	1	
Classroom behavior	5	4	3	2	1	
Relationship with peers	5	4	3	2	1	
Relationship with teachers	5	4	3	2	1	
Attendance/punctuality	5	4	3	2	1	
Home study habits	5	4	3	2	1	
Parents are appropriately involved in the school	5	4	3	2	1	
Parents support school policy	5	4	3	2	1	
Parents meet financial obligations on time	5	4	3	2	1	

**PLEASE RATE ACADEMIC PROGRESS AS FOLLOWS:**

**5 – Outstanding**      **4 – Very Good**      **3 – Good**      **2 – Satisfactory**      **1 – Below Average**

Reading Comprehension \_\_\_\_\_ Writing Skills \_\_\_\_\_ Math \_\_\_\_\_

**OVERALL RECOMMENDATION:**

	<b>ACADEMICALLY</b> <i>(✓ one only)</i>	<b>PERSONALLY</b> <i>(✓ one only)</i>
I highly recommend this student	_____	_____
I recommend this student	_____	_____
I recommend this student with some reservations	_____	_____
I do not recommend this student	_____	_____

Please call me \_\_\_\_\_

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City + Zip

\_\_\_\_\_  
Evaluators Signature

\_\_\_\_\_  
Evaluator Position