

SAINT JAMES-SAINT JOHN SCHOOL

180 Orchard Street New Bedford, MA 02740
(508)996-0534 † FAX (508)717-6969

www.sjsjschool.com

Recommendation Form

(Name) _____ is a candidate for admission to St. James-St. John School. Your honest assessment of the student will be helpful to the Principal and Teacher(s). Please complete this form and return it to the above address. Thank you.

School currently attending _____ Grade _____

How long have you known the student? _____

In what other capacity have you known the applicant? _____

Please rate the applicant by checking the appropriate column. If you have no basis for evaluating a student in a particular category, please check **No Basis**

	No Basis	Poor	Fair	Average	Good	Excellent
Ability						
Achievement						
Curiosity						
Maturity						
Motivation						
Responsibility						
Conduct						
Ability to Relate to Adults						
Ability to Relate to Peers						

What words or phrases immediately come to mind when describing the applicant?

Student's major strength? _____

Weaknesses? _____

All things considered, how would you rate the applicant?

_____ Excellent _____ Good _____ Average _____ Below Average

(Name - please print)

Position

School Name

School Telephone

Signature

Date