

School Recommendation Form

Parental Permission:

Please complete and submit the following evaluation form to St. Louis University High School for:

_____ Student Name (please print) _____ Parent Signature _____ Date _____

To be completed by a school administrator, counselor, and/or teacher who knows the applicant well. Your responses are confidential. At no time will the applicant have access to them. They will not become part of any permanent records.

Please return this form by **Wednesday, December 9, 2009** to:

Director of Admissions, St. Louis University High School, 4970 Oakland Avenue, St. Louis, Missouri 63110-1402

Student's Name (please print) _____

School _____ Principal _____

Student Rating:

	Excellent	Good	Average	Below Average
Academic Creativity	_____	_____	_____	_____
Academic Motivation	_____	_____	_____	_____
Academic Self-Discipline	_____	_____	_____	_____
Concern for Others	_____	_____	_____	_____
Emotional Maturity	_____	_____	_____	_____
Energy	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Personal Initiative	_____	_____	_____	_____
Reaction to Setbacks	_____	_____	_____	_____
Self-Confidence	_____	_____	_____	_____
Sense of Humor	_____	_____	_____	_____
Warmth of Personality	_____	_____	_____	_____

Recommendation:

	Academically	Personally
I strongly recommend this student (top 10%).	_____	_____
I recommend this student.	_____	_____
I recommend this student with reservations. <small>please explain below</small>	_____	_____
I do not recommend this student. <small>please explain below</small>	_____	_____

Written comments are extremely helpful. Please given any additional information which you think should influence our decision. (Please use other side if necessary.)

Evaluator _____ Position _____ Date _____