



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 or email to kholloway@cathedralchapel.org. **This information is confidential. Do not return to the applicant or their parents.** 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:	HIGH	LOW
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:

ACADEMICALLY **PERSONALLY**
(✓ one only) *(✓ one only)*

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 _____