



**SAINTS
PETER & PAUL
HIGH SCHOOL**

Recommendation Form

Head of School or Guidance Counselor: The student named below is an applicant to Saints Peter & Paul High School. We would appreciate your candid assessment of the student and his/her abilities and potential. This assessment will remain confidential. Please return this form to the High School at your earliest convenience.

Name of Applicant: _____ for Grade: ____9 ____10 ____11 ____12

Academic Assessment	Below Average	Satisfactory	Good	Superior	Cannot Assess
Academic Potential					
Academic Performance					
Self Motivation					
Study Habits					
Writing Ability					
Oral Expression					
Follows Directions					
Seeks Help When Needed					
Attention Span					
Capable of Honors/AP Placement					

Personal Assessment	Below Average	Satisfactory	Good	Superior	Cannot Assess
Maturity					
Honesty/Integrity					
Conduct					
Self Confidence					
Relations with Peers					
Parental Support					

Please provide any additional information that might be helpful in our evaluation of this student *(use reverse side or attach separate sheet if necessary)*:

Name: _____

Position: _____

Signature: _____

Date: _____ / _____ / _____