

St. John's College High School Student Recommendation Form

CONFIDENTIAL

(A teacher in an academic discipline or a school administrator must complete this form)

Applicant's Name: _____
Last First M.I.

Current School: _____ School Phone: _____

Evaluator's Name: _____
Position

Please complete this form to the best of your ability. We ask for your openness in describing the student's intellectual, emotional, social, and other strengths and weaknesses. Understand that your responses will be kept confidential, and will be an important part of the Admissions committee's evaluation of the student. You may attach a separate sheet if you feel you are not provided with adequate space for evaluation. Thank you for your cooperation.

Please check the appropriate box for each characteristic listed.

Academic Evaluation

	Excellent	Good	Fair	Poor	Cannot Determine
Academic Potential					
Academic Achievement					
Attendance					
Completion of Homework					
Ability to Focus					
Initiative					
Oral Expression					
Written Expression					
Ability to work in Groups					
Organization					
Intellectual Curiosity					

Character Evaluation

	Excellent	Good	Fair	Poor	Not Observed
Responsibility					
Maturity					
Self-Confidence					
Behavior					
Leadership					

Please provide three words that come to mind when describing this student.

What are this student's strengths and weaknesses?

Please provide any additional, relevant information:

Signature

Date

Please Return To:

**St. John's College High School
Admissions Office
2607 Military Road NW
Washington, D.C. 20015**