

## TEACHER RECOMMENDATION FORM

**INSTRUCTIONS TO PARENTS:** Please fill in the following and give this confidential form to one or more of your child's teachers. Please feel free to duplicate it for additional teachers. We suggest you provide the teacher(s) with a stamped, addressed envelope to: Director of Admissions, St. Michael's Parish Day School, 602 N. Wilmot, Tucson, AZ 85711-2702.

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Applying for Grade \_\_\_\_\_ School year 20\_\_\_\_ - 20\_\_\_\_ Gender (circle) male female

**INSTRUCTIONS TO TEACHERS:** Please complete this *confidential* form and mail it to the address above. To ensure timely consideration for this student, please return the form or have it faxed (520 886-0851) within 2 weeks of receipt. The St. Michael's Admissions Committee cannot fully evaluate a prospective student without your professional information. Thank you very much for your time.

**BACKGROUND:** How long have you known this student? \_\_\_\_\_

In what grade(s) and subject(s) do/did you teach the student? \_\_\_\_\_

**Please rate the following on a scale from 1 (low) to 10 (high):**

### ACADEMIC:

\_\_\_\_ Intellectual aptitude/ability  
\_\_\_\_ Study habits / organization  
\_\_\_\_ Academic diligence / initiative  
\_\_\_\_ Creativity / curiosity  
\_\_\_\_ Ability to express in writing  
\_\_\_\_ Verbal ability / articulation

### BEHAVIORAL:

\_\_\_\_ Maturity (relative to peers)  
\_\_\_\_ Empathy  
\_\_\_\_ Personal integrity  
\_\_\_\_ Self-confidence  
\_\_\_\_ Leadership potential  
\_\_\_\_ Team member potential

(CONTINUED ON REVERSE)

1. St. Michael's has a rigorous and demanding curriculum. How do you feel about this student's ability to thrive in this environment?

2. Fine arts, sports and character development are all integral to St. Michael's curriculum. Please discuss any strengths that the student has in these areas.

3. Please tell us anything else you can about the student that will help us to understand him/her better.

4. Success at St. Michael's is correlative to positive family interactions and support. Our community strongly encourages parent participation at all aspects of student life on our campus. To what degree have the parents of this student supported you, your program, and your school?

**We sincerely appreciate your time in helping us evaluate this student.** Please know that your comments are ***completely confidential***. Please do not return this form to the parent, but mail it to the address on other side. Thank you very much.

Please print your name and position \_\_\_\_\_

School \_\_\_\_\_ Contact information: \_\_\_\_\_

Signature \_\_\_\_\_