

# Teacher Recommendation Form

Name of Applicant \_\_\_\_\_

Directions to Teacher: The purpose of this form is to request a general assessment of the student, which will become a part of his or her application for admissions to St. Vincent Pallotti High School. The contents of this assessment are strictly confidential. Thank you for your assistance.

Evaluator's Name \_\_\_\_\_

School Name \_\_\_\_\_ Position \_\_\_\_\_

Academic Qualities: Please rate each area either Excellent, Good, Average or Below Average.

1. Academic Ability
2. Self Motivation
3. Effort/Drive
4. Study Habits
5. Intellectual Curiosity
6. Ability to work alone
7. Class Participation
8. Writing Ability
9. Oral Expression
10. Attention Span

Circle the words that describe this student:

Motivated	Well-liked	Helpful	Outspoken	Shy
Aggressive	Anxious	Articulate	Cheerful	Follower
Social	Honest	Irritable	Manipulative	Leader

Please provide any additional information that might be helpful in our evaluation of this student. \_\_\_\_\_

\_\_\_\_\_

May we contact you for further information? Yes No

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to:  
Admissions Office, Saint Vincent Pallotti High School  
113 St. Mary's Place Laurel, MD 20707