

**E**

# Central Catholic High School

## English Teacher Recommendation

**E**

*Please complete and return this form in the envelope provided.*

*The student named below has expressed interest in transferring to Central Catholic High School. We would appreciate your assistance in completing this checklist to help us assess the student's ability and guide us in meeting the student's needs in the English program. Thank you for any assistance you can give.*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Current English Class: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

Placement Recommendation: \_\_\_\_\_

**Please rate the student on each of the items below using the following guideline:**

<b>Outstanding -</b>	always, almost always, superior
<b>Good -</b>	often
<b>Average -</b>	generally, fair
<b>Poor -</b>	rarely, never, seldom, below average
<b>NA -</b>	does not apply, never observed, don't know

Characteristic	Outstanding	Good	Average	Poor	NA
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to do independent study and research in areas of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical and abstract thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits/skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing, vocabulary, and grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributions to class in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test results in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works effectively in English groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like a telephone conference. Phone Number: \_\_\_\_\_

*Please use the other side of this form for additional comments.*

**This recommendation will remain confidential and will not become part of the student's permanent record. Please be candid.**

