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Central Catholic High School Principal/Counselor Recommendation

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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. Thank you for any assistance you can give.

Applicant's Name: _____ Date: _____

Current School: _____ School Phone: _____

Principal/Counselor: _____

Signature: _____

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

Outstanding - always, almost always, superior
Good - often
Average - generally, fair
Poor - rarely, never, seldom, below average
NA - 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"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relations with schoolmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation of student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any significant health or physical disabilities: Yes No

Any significant behavior or personality problems: Yes No

Any significant attendance problems: Yes No

If yes to any of the above questions, please use the other side of the form to explain.

Type of program recommended for this student: College Preparatory Regular Special Needs

Please list any outstanding talents: _____

What school activities has this student been involved in during the past two years: _____

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.

