



## Teacher Recommendation

Student Name \_\_\_\_\_

*This recommendation will be considered in the admission process for applicants for admission to grades 6-8 along with entrance exam scores, transcripts, application essay, and parent and student interviews. Please indicate with a check mark your rating of the applicant in the following areas.*

|                            | Highly<br>Recommend | Recommend | Recommend<br>with<br>Reservations | Do Not<br>Recommend |
|----------------------------|---------------------|-----------|-----------------------------------|---------------------|
| <b>ACADEMICS</b>           |                     |           |                                   |                     |
| Commitment to Learning     | _____               | _____     | _____                             | _____               |
| Work and Study Habits      | _____               | _____     | _____                             | _____               |
| <b>DISCIPLINE</b>          |                     |           |                                   |                     |
| Cooperative, Follows Rules | _____               | _____     | _____                             | _____               |
| Responsible                | _____               | _____     | _____                             | _____               |
| Attendance                 | _____               | _____     | _____                             | _____               |
| General Conduct            | _____               | _____     | _____                             | _____               |
| <b>CHARACTER</b>           |                     |           |                                   |                     |
| Initiative/Leadership      | _____               | _____     | _____                             | _____               |
| Personal Relationships     | _____               | _____     | _____                             | _____               |

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

Teacher's School \_\_\_\_\_ School Address \_\_\_\_\_ School Telephone \_\_\_\_\_

Teacher's Name Printed \_\_\_\_\_ Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail or email this form directly to Saint Therese Carmelite School:**  
 1106 East Alhambra Road, Alhambra, CA 91801  
[admin@sainttheresecarmeliteschool.com](mailto:admin@sainttheresecarmeliteschool.com)



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