



Teacher Recommendation Form

Name of student _____ Grade applying for _____

This student is applying for admission to St. John School. We appreciate the time you spend completing this confidential request. Your candid evaluation of the applicant will be of great value to the Admission Committee.

	Outstanding	Above Average	Average	Below Average	Not Applicable
Motivation					
Attitude					
Participation					
Achievement					
Reaction to criticism					
Self confidence					
Concern for others					
Reaction to setbacks					
Personal conduct					
Personal integrity					
General emotional stability					
General level of maturity					
Sense of humor					
Perseverance					

Please provide your assessment of the student's integrity:

Please describe the student's relationships with peers:

Please describe the student's interactions with adults:

Please describe any disciplinary issues pertaining to this student:

Please tell us anything else you can about the candidate, which will help us understand him or her, better as a student and as a person:

Did your school make any special accommodations for this student? If so, please explain in detail:

Has the student missed more than 10 days of school during any school year? _____ if so, Why?

How long have you known the applicant? _____

Is the student eligible to return next year? _____

If your school is private, are financial responsibilities or school bills met on time? _____

Would you like to discuss this student with the School? _____

I recommend this candidate for admission to Saint John School:

- with great enthusiasm
- with confidence
- with reservation
- I do not recommend.

Print Name _____ Position _____

School _____ School Phone Number _____

Signature _____ Date _____

**Please email, fax, or mail this form
to:**

officesj@stjohnseagles.com

Phone 415-584-8383

Fax: 1-415-584-8359

**925 Chenery Street
San Francisco, CA 94131**