



# SAINT JAMES CATHOLIC SCHOOL

## RECOMMENDATION FORM

PLEASE RETURN TO: Principal  
St. James Catholic School  
8412 Whitefield Avenue  
Savannah, Georgia 31406

### IMPORTANT:

Pursuant to the Family Education Rights & Privacy Act of 1974, you have the following options. Please sign **one** of the following statements before asking any school personnel to complete this form.

I waive the right to see this evaluation form after it is completed.

I reserve the right to see this Evaluation form after it is completed.

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Parent's Signature

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Parent's Signature

### **TO: HOMEROOM TEACHER or SCHOOL PERSONNEL OTHER THAN HOMEROOM TEACHER**

(Name) \_\_\_\_\_ is a candidate for admission to St. James Catholic School. Your honest assessment of the applicant will be helpful to the Principal and Teacher(s). Please complete this form and return it to the above address. Thank you.

St. James Catholic School admits qualified students without regard to race, color, sex or national origin.

1. Applicant is presently in grade \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. In what other capacity, if any, have you known the applicant?

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(please be sure to complete other side of this form)

4. Please rate the applicant by checking the appropriate blanks:

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis for Judgment</i>
<i>Academic Potential</i>	_____	_____	_____	_____	_____
<i>Academic Achievement</i>	_____	_____	_____	_____	_____
<i>Study Habits</i>	_____	_____	_____	_____	_____
<i>Initiative</i>	_____	_____	_____	_____	_____
<i>Influence on Others</i>	_____	_____	_____	_____	_____
<i>Personal Integrity</i>	_____	_____	_____	_____	_____
<i>Seriousness of Purpose</i>	_____	_____	_____	_____	_____
<i>Conduct &amp; Discipline</i>	_____	_____	_____	_____	_____
<i>Concern for Others</i>	_____	_____	_____	_____	_____
<i>Reaction to Setbacks</i>	_____	_____	_____	_____	_____

5. What words or phrases immediately come to mind when describing the applicant?

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6. Applicant's major strength? \_\_\_\_\_

7. Weaknesses? \_\_\_\_\_

8. Other comments: \_\_\_\_\_

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9. All things considered, how would you rate the applicant?

\_\_\_\_\_ Excellent    \_\_\_\_\_ Good    \_\_\_\_\_ Average    \_\_\_\_\_ Below Average

10. Is the applicant in Advanced Math? \_\_\_\_\_

\_\_\_\_\_  
(Name - please print)

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
School Telephone No.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date