



Student Recommendation Form (Students entering Grades 7-8 only)

Please complete this form for a student who is applying for admission to Archbishop Williams High School. We appreciate your assistance in helping us to fairly evaluate this student's performance.

Name of Student _____ Current Grade _____

Teacher's Name _____ Phone # _____ Date _____

School Name _____ City/Town _____

How long have you known this student and in what context? Please list courses you have taught to this student and the level of course difficulty (accelerated, honors, regular, etc).

What three words would you use to describe this student?

1. _____ 2. _____ 3. _____

How would you rate this student's overall academic performance?

Below Grade Level	Consistent with Grade Level	Above Grade Level

Please discuss the candidate's class participation and working relationship with:

A. Other Students:

B. Adults:

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Please assess this student's ability to date in the following areas:

STUDY SKILLS/ COMPLETING OF ASSIGNMENTS	Below Average	Average	Above Average	Exceptional
Organization				
Ability to follow directions				
Completion of assignments				
Time management				
Comprehension of material				
Retention of material				
CLASSROOM	Below Average	Average	Above Average	Exceptional
Attentive				
Works well with others				
Reading/Writing ability				
Conduct				
Effort				
TRAITS	Below Average	Average	Above Average	Exceptional
Self-confidence				
Independence				
Respect for others				
Integrity				
Maturity				
Social interaction with peers				
Motivation				
OVERALL EVALUATION	Below Average	Average	Above Average	Exceptional
As a young man/woman				
As a student				

Please comment on this student's character and personality (i.e., maturity, peer relationships, sense of humor, enthusiasm) and any areas of educational strengths or needs that should be noted.

Please return to:
 Archbishop Williams High School
 Attn: Admissions
 40 Independence Ave
 Braintree, MA 02184
 Fax 781-843-3782