

## STUDENT RECOMMENDATION FORM

## REQUIRED FOR GRADES 7 & 8 OPTIONAL FOR GRADES 9-11

•	tudent who is applying for admission stance in helping us to fairly evaluate			
Name of Student		Current Grade none # Date		
Teacher's Name	Phone #	Date		
School Name	City/T	City/Town		
	rudent and in what context? Please se difficulty (accelerated, honors, re			
What three words would you use				
1	2	3		
How would you rate this student's	s overall academic performance?			
Below Grade Level	Consistent with Grade Level	Above Grade Level		
	lass participation and working relation	·		
A. Other Students.				
B. Adults:				

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 Email: admissions@awhs.org

Fax: 781-843-3782