



SCHOOL COUNSELOR/PRINCIPAL RECOMMENDATION FORM

Name of Applicant _____ Applicant for Grade _____

School Counselor/Principal:

The parents have signed the waiver of confidentiality regarding this recommendation form.

Please complete this confidential form and return it to the **Admissions Office** at **St. John Paul II Catholic High School**.

We appreciate your cooperation in completing this form. Your insights help us to better understand a student's ability to be successful at our school. This form should allow us to effectively evaluate a student's past academic achievement, work ethic, and conduct as documented on his/her report card. Your evaluation of this student is confidential and will not be discussed with the student or his/her family.

Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: (check appropriate box)

Ratings	Extraordinary	Excellent	Above Average	Average	Below Average
Maturity level					
Respect for authority					
Interaction with peers					
Works cooperatively					
Self-discipline					
Integrity					
Conduct					

Has the student presented any discipline problems?	Yes	No
Has the student been suspended? (last 3 years)	Yes	No
Has the student been on academic probation or similar action?	Yes	No
Are you aware of any special teaching or testing accommodations/modifications?	Yes	No
Psychological/educational testing on file	Yes	No
If yes, date(s) of testing: _____		

Indicate here the student's learning disability, medical disability, physical disability, or psychological disability:

Indicate accommodations currently being provided (including those accommodations in the classroom) to the student based on the disability/disabilities described above:



Student has been approved for accommodations from the following standardized test facilitators:

College Board (PSAT, SAT, AP Exams) ACT N/A

If applicable, does this family pay tuition/fees in a timely manner? Yes No

This applicant is: Strongly Recommended Recommended Recommended with reservations Not Recommended
(check one)

Use the space below to make additional comments, if necessary.

Thank you for the accuracy of the information you have provided. In the course of some interviews, it may be necessary for us to refer to disciplinary issues indicated. We will protect the anonymity of the teacher, counselor, or administrator.

Administrator's Printed Name and Title: _____ Date: _____

Signature: _____ School Telephone: _____

School Name and Address: _____

Return completed form to: admissions@jp2falcons.org

Name of Applicant _____ Applicant for Grade _____

Additional School Counselor/Principal Comments: