



**St. Catherine's Military Academy**  
**215 N. Harbor Blvd.**  
**Anaheim, CA 92805**

**Teacher Recommendation Form**

TO PARENTS/GUARDIANS OF THE APPLICANT

**If you wish to waive your right of access to this report, sign the following release:**

Under the Family Educational Rights and Privacy Act of 1974, an admitted applicant who chooses to enroll in St. Catherine's Military Academy may review the school's records that pertain to him alone. If the applicant decides to obtain confidential recommendations, which will be used for admission purposes only, this right may be waived. If you wish this recommendation form to remain confidential, please sign below.

*"I will not request access to this confidential recommendation submitted for the purposes of admission only."*

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY TEACHER**

Applicant's Name \_\_\_\_\_ Grade applying for: \_\_\_\_\_

- |   |  |
|---|--|
| <p><b>1. Based on academic achievement:</b><br/>         _____ I strongly recommend this student.<br/>         _____ I recommend this student with reservation.<br/>         _____ I do not recommend this student.</p> | <p><b>2. On the basis of personal qualities:</b><br/>         _____ I strongly recommend this student.<br/>         _____ I recommend this student with reservation.<br/>         _____ I do not recommend this student.</p> |
|---|--|

**Please note any reservation from questions 1 & 2 on a separate sheet of paper.**

**3. Please rate the following areas**

	Excellent	Above Average	Average	Below Average
<i>Effort in class</i>	_____	_____	_____	_____
<i>Attention in class</i>	_____	_____	_____	_____
<i>General behavior at school</i>	_____	_____	_____	_____
<i>Ability to get along with peers</i>	_____	_____	_____	_____
<i>Leadership</i>	_____	_____	_____	_____
<i>Responsibility</i>	_____	_____	_____	_____
<i>Participation in school</i>	_____	_____	_____	_____
<i>Parent cooperation with school</i>	_____	_____	_____	_____

**4. Please select an answer for each of the following questions.** (use reverse side for additional comments)

	Yes	No
Does this student have unsatisfactory attendance?	_____	_____
Does this student have any significant health or physical disabilities?	_____	_____
Does this student have any significant home condition likely to affect school performance?	_____	_____
Does this student have any significant behavior or personality problems?	_____	_____
Does this student need Special Education services?	_____	_____
Does this student need tutorial assistance?	_____	_____
Does this student need ESL services?	_____	_____

**When a "Yes" is selected, please explain on reverse side or a separate sheet of paper.**

5. Please rank the student in relation to the other students in class:  
 T=Top 1/3 of class      M=Middle 1/3 of class      L=Lowest 1/3 of class  
 Reading \_\_\_\_\_ Mathematics \_\_\_\_\_ English-Grammar \_\_\_\_\_ English-Composition \_\_\_\_\_

6. Please add any comments that you feel will be helpful on a separate sheet of paper.

Thank you for your time in completing this form. Your assessment is an important part of our admissions process.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

