



ST. ELIZABETH'S SCHOOL

CONFIDENTIAL RECOMMENDATION Optional Additional Teacher (of Applicant's Choosing)

To the Applicant: Please type or print your name and give this form to your teacher of choice with a stamped envelope.

Applicant Name	Applying to Grade
Name of Current School	

To the Parent: *Please read and sign the statement below.*

For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian	Date
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To the Teacher: St. Elizabeth's School's mission is to provide an unparalleled educational environment that fosters academic, social, artistic, and spiritual growth for an inclusive and diverse school community. An excellent education is a life-altering experience and should be accessible to any student, regardless of socio-economic background. To make this possible, we match each student's tuition to the family's financial resources. With this background in mind, please complete the form below. This information will only be reviewed by our admissions team. It will not be shared with the student's parents, and will not become part of the student's permanent record. Thank you for your cooperation and candor.

ACADEMIC QUALITIES	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Study Habits							
Attention Span							
Ability to work independently							
Ability to organize and communicate ideas							
Motivation							
Intellectual curiosity							
Critical and Abstract thinking skills							
Classroom participation							
PERSONAL QUALITIES	NO OPPORTUNITY TO OBSERVE	POOR	FAIR	AVERAGE	GOOD	EXCELLENT	EXCEPTIONAL
Relationship with peers							
Relationship with adults							
Creativity							
Self-confidence							
Leadership potential							
Reaction to setbacks							
Concern for others							
Conduct							
Integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							

OPTIONAL ADDITIONAL TEACHER RECOMMENDATION FORM

1. How long have you known this student, and in what capacity?

2. Please comment on this student's character.

3. Please compare this student's academic achievement to his/her ability.

4. What is this student's greatest strength?

5. What is this student's greatest weakness?

6. Additional comments

Name	Position
School	School Phone
School Address	
Signature	Date

I am familiar with St. Elizabeth's School's program: Not at all Somewhat Fairly Very familiar

I RECOMMEND THIS STUDENT	NOT AT ALL	WITH RESERVATION	MILDLY	WITH CONFIDENCE	ENTHUSIASTICALLY
Academic ability and promise					
Character and personal promise					
Overall					

Please make any additional comments on this student's appropriateness for the St. Elizabeth's School program. Please feel free to attach an additional sheet if necessary.

RETURN BY MAIL OR FACSIMILE TO:

St. Elizabeth's School ♦ 2350 Gaylord St., Denver, CO 80205 ♦ 303-322-4209 office ♦ 303-322-4210 facsimile
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