



ST. ELIZABETH'S SCHOOL

CONFIDENTIAL RECOMMENDATION Current Principal, Counselor, or Advisor

To the Applicant: Please type or print your name and give this form to your current school's office 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 _____

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							

CURRENT PRINCIPAL, COUNSELOR OR ADVISOR RECOMMENDATION FORM

1. For how long and in what context have you known this student?

2. Please comment on this applicant's special interests, talents, and abilities.

3. Should the admissions team be made aware of any factors that have had an impact on this student's academic or social progress to date? (i.e., attendance, disciplinary record, health issues, etc.)

4. Comment on the student as a person. (Consider maturity, integrity, behavior, relationship with peers, self-confidence, etc.)

5. What has your experience been in working with this student's family?

6. How well does the parent(s) perception match the school's understanding of the child's ability?
 very well fairly well not very well

7. Where does this student rank among other students in his/her class?
 top 10% top 25% top 50% bottom 50%

8. Is there any additional information that can be better conveyed in a phone conversation?
 Yes No If necessary, hours and phone number where you can be reached: _____

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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