



RECOMMENDATION REQUEST FORM

CATHOLIC HIGH SCHOOLS OF THE SAN JOSE DIOCESE

ARCHBISHOP MITTY HIGH SCHOOL
 5000 Mitty Ave
 San Jose, CA 95129
 (408) 342-4300

BELLARMINE COLLEGE PREP
 960 W. Hedding St
 San Jose, CA 95126
 (408) 294-9224

NOTRE DAME HIGH SCHOOL
 596 S. Second St
 San Jose, CA 95112
 (408) 294-1113

PRESENTATION HIGH SCHOOL
 2281 Plummer Ave
 San Jose, CA 95125
 (408) 264-1664

SAINT FRANCIS HIGH SCHOOL
 1885 Miramonte Ave
 Mountain View, CA 94040
 (650) 968-1213

TO THE PARENT: Please fill in this portion of the form. Parent/Guardian must sign the Parent Authorization for Release of Student Records. Check all schools to which you are applying, and give this form to your principal, teacher, or counselor. This information is confidential and used only by the admissions office(s) to which you are applying.

PARENT AUTHORIZATION FOR RELEASE OF RECORDS AND RECOMMENDATIONS: The undersigned parent or legal guardian hereby authorizes and consents to the release of any and all education records, recommendations, and any other such information as may be requested from any educational institution to the Director(s) of Admissions at the Catholic High School(s) checked at the top of this form.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

DATE _____

STUDENT _____

LAST NAME

FIRST NAME

MIDDLE NAME

PARENT/GUARDIAN _____

LAST NAME

FIRST NAME

M.I.

PH (____) _____

PRESENT SCHOOL _____

SCHOOL PH (____) _____

SCHOOL ADDRESS _____

STREET

CITY

STATE

ZIP CODE

TO THE PRINCIPAL, TEACHER, OR COUNSELOR: The above-named student is an applicant for admission into the 9th grade. We are requesting this recommendation form, 7th & 8th grade marks, and standardized testing results (i.e., MAP, STAR, IOWA, ERB) be sent to the school(s) designated above. You may complete the recommendation form online by visiting the school's website for the link.

- This information is of primary importance to the Admissions Committee in evaluating the candidate for admission to the school.
- Given the specific questions on this form, the Admissions Committee prefers response to the prompts on this form as opposed to a general narrative letter of recommendation.
- Please complete this entire form. **DO NOT SKIP ANY QUESTIONS OR CHECKBOXES.**
- This information will remain confidential.
- **DO NOT GIVE THIS FORM TO THE APPLICANT.**

Recommendation Deadline: Wednesday, February 6, 2019

APPLICANT NAME: _____

Please note: this report will not be disclosed to the applicant. It will be available only to those involved in the admission decision process.

Number of years student has attended your school: _____

Relative to your current 8th grade class, please rate this student in terms of the following:

ACADEMIC QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks Help When Necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates Actively in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Academic Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS THIS STUDENT CAPABLE OF SUCCEEDING IN A COLLEGE PREPARATORY CURRICULUM?

- YES MAY STRUGGLE NO

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in School Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY INFORMATION	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	N/A
Support for School Policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Financial Obligations (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL ACADEMIC RECOMMENDATION

Academically, please select one of the following:

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant
- Please call regarding this applicant

Please explain why you made this selection.

APPLICANT NAME: _____

OVERALL PERSONAL RECOMMENDATION

Personally, please select one of the following:

- I strongly recommend this applicant
- I recommend this applicant
- I recommend this applicant with reservations
- I do not recommend this applicant
- Please call regarding this applicant

Please explain why you made this selection.

Please comment below on the student's academic achievement as compared to ability.

1. Should the Admissions Committee be aware of any factors that have had an impact on this student's academic or social progress to date? If so, please explain.

2. Has this student ever been placed in any special academic support or school programs? YES NO
If yes, please see 2a on next page.

APPLICANT NAME: _____

2a. Has this student had any academic modifications to curriculum (for example: assignments at a lower level of difficulty, reduced length of assignments, etc.) or any academic accommodations (for example: enlarged text, preferential seating, extended time, oral prompting, etc.) provided in classroom instruction or testing?

YES NO

If so, what modifications or accommodations and why? **Please be specific in your response.**

3. Please comment on this student's disciplinary and attendance record at your school as well as any behavioral issues you have experienced in the classroom.

4. How does this student contribute to the school (e.g. co-curricular involvement) or greater community (e.g. community service, organizational involvement, etc.)?

APPLICANT NAME: _____

5. Please provide any additional comments that would help the admissions committee evaluate this applicant.

I AGREE

The information provided in this recommendation is true and accurate to the best of my knowledge. By completing the signature block below – either by hand or digitally – I release it to the Admissions Office of the school(s) listed on page 1.

NAME _____ TITLE _____

EMAIL _____ PHONE NUMBER _____

SIGNATURE _____ DATE _____

PLEASE CHECK IF THIS FORM REPRESENTS MULTIPLE RECOMMENDATIONS

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

NAME _____ TITLE _____

A SIGNED COPY OF THIS FORM MUST BE SUBMITTED TO THE ADMISSIONS OFFICE OF EACH SCHOOL CHECKED ON PAGE 1.

Recommendation Deadline: Wednesday, February 6, 2019

