



Education for the Mind, Heart and Spirit

St. Joan of Arc School
230 S. Law Street
Aberdeen, Maryland 21001
(410) 272-1387 or (410) 575-7319
FAX (410) 272-1959

ST. JOAN OF ARC SCHOOL RECOMMENDATION FORM

TO: Principal, Guidance Counselor or Teacher

(Please return directly to St. Joan of Arc School)

Name of Student _____ Applicant to Grade _____

The items below ask for your sense of this student's emotional and social growth, intellectual development and relationships within the school community. We understand the difficulty in making such an evaluation. All information that you furnish will be kept confidential and will not be shared with students, parents, or guardians. On behalf of this student, we thank you for your cooperation.

I have known this candidate for _____ years. My relationship has been that of _____
What are the first words that come to mind in order to describe this student? _____

A. Academic Qualities

No Basis for Judgment

1. Academic Ability [] Outstanding [] Good [] Average [] Limited []
2. Academic Achievement [] Far above expectations [] Better than tests [] As expected [] Below Expectation []
3. Self-motivation [] Well-motivated [] Some desire to learn [] Only that required [] Does very little []
4. Effort/Drive [] Maximum [] Usually good [] Sporadic [] Occasional []
5. Study Habits [] Well-organized [] Usually gets work done [] Easily distracted [] Poor habits []
6. Intellectual Curiosity [] Strong and varied [] In one area only [] An occasional spark [] Limited []
7. Ability to Work [] Always works well [] Usually effective [] Sometimes unable to cope [] Has great difficulty in a group []
8. Ability to Work Alone [] Always works well [] Needs help occasionally [] Needs help frequently [] Needs much supervision []
9. Participation in Discussion [] Joins in readily [] Participates occasionally [] Contributes when called on [] Wants to dominate [] Rarely contributes []
10. Reads for Pleasure [] Constantly [] Frequently [] Occasionally [] When prodded [] Rarely []
11. Ability to Write [] Ideas and mechanics excellent [] Ideas good, mechanics fair [] Ideas fair, mechanics good [] Ideas and mechanics limited []
12. Ability to Express Ideas Orally [] Exceptional [] Good [] Has some difficulty [] Limited []
13. Follows Directions [] Quickly and correctly [] Occasionally needs help [] Needs much explanation []
14. Uses Suggestions or Corrections [] Always [] Usually [] Needs reminding [] Rarely follows suggestions []
15. Seeks Help When Needed [] Always [] Usually [] Occasionally [] Rarely []
16. Attention Span [] Exceptionally good [] Usually good [] Occasionally distracted [] Easily distracted []

B. The words circled may help describe this applicant:

aggressive	anxious	articulate	cheerful	disobedient	easily discouraged
helpful	follower	honest	influential	irritable	manipulative
organized	confident	over-protected	passive-resistant	perfectionist	responsible
self-centered	self-disciplined	motivated	shy	social	vivacious
well-liked	positive leader	negative leader	conscientious		

C. Personal Qualities

1. Maturity in terms of age Very mature Above average Normal Somewhat immature Very immature
-
2. Consideration of Others Usually thoughtful Usually considerate Rarely considerate Selfish
-
3. Social Adjustment with Peers Healthy relationships Occasional minor problems Frequent minor problems Relates poorly
-
4. Stability Stable Somewhat tense Seeks much attention Easily frustrated
-
5. Sense of humor Delightful Good Normal Rarely laughs or smiles
-
6. Self-confidence Healthy self-image Needs some support Appears overly confident Needs much reassurance
-
7. Integrity Very honest Usually trustworthy Some reservations Untrustworthy
-
8. Conduct Well-behaved Usually obeys rules Occasional misconduct Frequent disruptions
-
9. Attitude of Parents Cooperative Indifferent Overly protective Antagonistic
-
10. Health of Applicant Excellent Occasionally sick Seldom sick Frequently sick
-

D. Has the applicant been evaluated for any physical, emotional, or academic reasons? Yes ____ No ____ Do not know ____

E. Is the applicant currently on medication or previously been on medication? Yes ____ No ____ Do not know ____

F. Have you observed any signs of learning disabilities? Yes ____ No ____ Do not know ____

If yes, please explain.

G. Have all financial obligations to your school been fulfilled? _____

To be completed by an Administrator

H. Do you have any additional information which might be helpful in our evaluation of this student?

May we contact you for further information? _____

Name _____ Signature _____ Date _____

School _____

School Address _____

_____ School Telephone _____