



### Teacher Recommendation Form

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Name of student \_\_\_\_\_ Grade applying for \_\_\_\_\_

This student is applying for admission to St. John School. We appreciate the time you spend completing this confidential request. Your candid evaluation of the applicant will be of great value to the Admission Committee.

	Outstanding	Above Average	Average	Below Average	Not Applicable
Motivation					
Attitude					
Participation					
Achievement					
Reaction to criticism					
Self confidence					
Concern for others					
Reaction to setbacks					
Personal conduct					
Personal integrity					
General emotional stability					
General level of maturity					
Sense of humor					
Perseverance					

Please provide your assessment of the student's integrity:

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Please describe the student's relationships with peers:

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Please describe the student's interactions with adults:

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Please describe any disciplinary issues pertaining to this student:

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Please tell us anything else you can about the candidate, which will help us understand him or her, better as a student and as a person:

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Did your school make any special accommodations for this student? If so, please explain in detail:

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Has the student missed more than 10 days of school during any school year? \_\_\_\_\_ if so Why?

How long have you known the applicant? \_\_\_\_\_

Is the student eligible to return next year? \_\_\_\_\_

If your school is private, are financial responsibilities or school bills met on time? \_\_\_\_\_

Would you like to discuss this student with the School? \_\_\_\_\_

I recommend this candidate for admission to St. John School

- with great enthusiasm
- with confidence
- with reservation
- I do not recommend

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Print Name \_\_\_\_\_ Position \_\_\_\_\_

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School \_\_\_\_\_ School Phone Number \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email, fax or mail this form to:**

**officesj@stjohnseagles.com**

**Phone 415-584-8383**

**Fax: 1-415-584-8359**

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San Francisco, CA 94112**