



## 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 \_\_\_\_\_ PH (\_\_\_\_) \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

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 9<sup>th</sup> grade. We are requesting this recommendation form, 7<sup>th</sup> & 8<sup>th</sup> 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 8<sup>th</sup> grade class, please rate this student in terms of the following:

<b>ACADEMIC QUALITIES</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
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

<b>PERSONAL QUALITIES</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>
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"/>

<b>FAMILY INFORMATION</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>N/A</b>
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**