



Principal Confidential Recommendation Form

Please return this form by January 31, 2017: **Attn: Admissions Department**
St. John Bosco High School
13640 Bellflower Blvd. Bellflower, CA 90706

Student's Name: (please print): _____

School: _____ **City:** _____

Thank you for the time you have taken to prepare this report. Your carefully considered judgements will have a direct bearing on a candidate's acceptance. Your statement will become part of our confidential admissions files for use only by appropriate officials of the school. At no time will the applicant have access to it. It will not become part of any permanent records.

Student Rating:

Motivation (Inclined to complete tasks, attentive to goals, committed to learning)

Sense of Responsibility (Concerned with welfare and rights of others; respects property)

Personal Relationships (Works well with others; liked by others; included in group activities.)

Initiative/Leadership (Often called upon to direct activities; works for constructive improvement; sense of humor)

Excellent	Good	Average	Below Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Does this student have a learning disability? Yes No (If yes, please explain on back)
- Is he able to function well in a regular classroom? Yes No (If no, please explain on back.)
- If this is a private school, please check: Do parents meet financial obligations? Yes No

Recommendation:

I strongly recommend this student (top 10%)

I recommend this student

I recommend this student with reservation (explain on back)

I do not recommend this student (explain on back)

Academically

As a Person

Written comments are extremely helpful. Please give any additional information which you think should influence our decision. Please use other side if necessary.

Evaluator: _____ Position: _____ Date: _____