



CONFIDENTIAL RECOMMENDATION

Name of Applicant: _____

We are applying to St. Timothy's School for the next school year and would very much appreciate your help in the application process.

You have my permission to please fill out this recommendation and return it to the St. Timothy's School Admissions Office, either by scanning it and sending it via email to admissions@sttimothys.org or by mail to the street address on the next page. Thank you.

TO THE TEACHER: Please complete both sides of this form. We value your candid appraisal of the student. Your expertise, insight and honest assessment is invaluable to help us make the best decision for everyone.

How long have you known this applicant and what grade did you teach him/her? _____

Please circle the number that best applies in each category:

Math

	WEAK	FAIR	GOOD	EXCELLENT	EXCEPTIONAL
Knowledge of basic facts	1	2	3	4	5
Accuracy in use of basic facts	1	2	3	4	5
Problem solving ability	1	2	3	4	5
Reasoning skills	1	2	3	4	5
Overall effort	1	2	3	4	5

Effective Functioning as a Student

Co-operation	1	2	3	4	5
Self-confidence	1	2	3	4	5
Relationship with peers	1	2	3	4	5
Relationship with adults	1	2	3	4	5
Accepts limits from adults	1	2	3	4	5
Takes responsibility for own behavior	1	2	3	4	5
Completes assignments promptly	1	2	3	4	5
Works well with others	1	2	3	4	5
Follows directions	1	2	3	4	5
Stays on task	1	2	3	4	5
Takes pride in own work	1	2	3	4	5
Seeks help when appropriate	1	2	3	4	5
Organizes materials and belongings	1	2	3	4	5
Can self-regulate	1	2	3	4	5

(Over)

