

# Principal/Counselor Recommendation Form



Student's Name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Present School's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

If you feel that you do not know the applicant well enough, please give this form to another staff member who may be better acquainted with the student. Please return this form to:

*Director of Admissions, Cristo Rey St. Martin College Prep, 501 S. Martin Luther King Jr. Ave., Waukegan, IL 60085*

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.

1. PRINCIPAL/COUNSELOR RECOMMENDATION FORM

### STUDENT RATING:

- Academic achievement**     Below Expectations     Average     Good     Outstanding
- Critical Thinking**     Limited     Fair     Frequently     Exceptionally Perceptive     Perceptive
- Study Habits**     Poor     Fair     Good     Excellent
- Work Ethic**     Limited     Sporadic     Good     Exceptional
- Leadership Potential**     Does not seek leadership roles     Leads when given responsibility  
 Seeks opportunities (uses them well)     Natural Leader
- Classroom Conduct**     Frequent Disruptions     Occasional Misconduct     Good Behavior     Role model
- Integrity**     Questionable     Usually Trustworthy     Trustworthy     Trust Implicitly
- Consideration of Others**     Rarely Considerate     Usually Considerate     Considerate     Extremely Considerate
- Social Interaction (Peers)**     Poor     Occasional problem     Consistently relates well     Outstanding

### Academically: (check one)

- I strongly recommend     I recommend this student
- Recommend with reservations *(please explain)*     Do not recommend *(please explain)*

### Personally: (check one)

- I strongly recommend     I recommend this student
- Recommend with reservations *(please explain)*     Do not recommend *(please explain)*

(Over)

Written comments are extremely helpful. Please give any additional information which you think should influence our decision.

**Principal/Counselor  
Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please mail completed forms to the address listed below:**

Ms. Noemi G. Cuesta, Director of Admissions.  
501 S. Martin Luther King Jr. Ave., Waukegan, IL 60085  
Phone: 847.244.6895 Fax: 847.244.8237