



RECOMMENDATION FORM

To be completed by the parent/guardian of:

Student Name: _____

Applying for grade: _____

I hereby authorize _____ to provide relevant information to St. Michael's School regarding my son/daughter. This information may be used for admission and placement and will be kept confidential.

Parent Signature



To be completed by the school's counselor/director:

- 1** Please describe this student's strengths and areas for improvement.

- 2** Does this student have any special interests in/outside of school?

- 3** How does this student interact with his/her classmates?

- 4** Has this student been involved in any disciplinary incidents? If so, please explain.

- 5** Is this student currently eligible to receive special accommodations?

- 6** What are the first three words that come to mind when you think of this student?

Please rate the following to the best of your knowledge.

	Below Average	Average	Good	Excellent	No Basis for Judgment
Self-Discipline					
Motivation					
Independence					
Creativity					
Leadership					
Cooperation					
Intellectual Ability					
Initiative					
Work Habits					
Relationships					
Attitude					
Growth Potential					

Please attach information about:

1. Standardized Testing Results (if available).
2. List of activities and achievements not mentioned.

Completed by: _____ Position: _____

Phone Number: _____ E-Mail: _____

Signature: _____ Date: _____

Place School Seal Here

TO THE SCHOOL OFFICIAL: Please send this document directly St. Michael’s School via email: admisiones@sms.edu.do