

Sacred Heart Middle School

142 South Elm Street
Waterbury, CT 06706
203-721-6354

sacredheartmiddleschool.org

ACADEMIC HISTORY FORM

PRINCIPAL, COUNSELOR OR TEACHER RECOMMENDATION

Name of Student: _____
(Last) (First) (Middle)

Present School: _____
(School name) (Town)

Admission as: (Please circles one)

6th 7th 8th

To the Respondent:

This student is applying for admission to Sacred Heart Middle School. ***Please send a copy of the student's transcript, current report card and any other standardized testing results with this recommendation.*** The application cannot be processed without this information. Thank you for your assistance.

	No Basis	Excellent	Good	Average	Below Average
PERSONAL	for Judgement				
Leadership					
Responsibility					
Motivation					
Cooperation					
Self-discipline					
Initiative					
Honesty					
Concern for others					
Maturity					
Relationship with Peers					
Relationship with Adults					
ACADEMICS					
Motivation					
Responsibility					
Ability					
Potential					
Attendance					

(Over please)

Does this student have a diagnosed Learning Disability? If so, please explain and attach the most current PPT.

Does this student receive any special services? (Speech, Social Worker, Prevention Worker) If so, please explain.

What three words come to mind to describe this student?

1. _____ 2. _____ 3. _____

Additional Comments:

___ I strongly recommend this applicant with enthusiasm and without any reservation.

___ I recommend this applicant.

___ I have reservations about recommending this applicant.

___ I do not recommend this applicant.

Name: _____
(Signature of respondent)

Title: _____