



5225 E. 56TH STREET • INDIANAPOLIS, IN 46226
(317) 968-7370 • FAX (317) 968-7395 • WWW.GOCATHEDRAL.COM

Cathedral High School – Class of 2015 – Student Recommendation Form

Student recommendation forms are to be completed by any two of the following: applicant's 8th grade academic subject teachers (teachers of English, Lang. Arts, Soc. Studies, Math, or Science), applicant's 8th grade school guidance counselor or school principal. Completed forms must be returned by school personnel directly to Cathedral High School Admissions by January 21, 2011.

Name of Student _____

The student above is applying for admission to Cathedral High School. We value your professional insight in helping us learn more about this applicant. Your candid evaluation will be one among several assessments that will help our Admissions Committee select the Cathedral Class of 2015. This completed form will be held in **strictest confidence**. **Please mail or fax directly to Cathedral High School, Attn: Enrollment Management, 5225 E. 56th St., Indianapolis, IN 46226, or fax to Enrollment Management at (317) 968-7395.**

How long have you known the applicant? _____

How would you describe the applicant? _____

What are the applicant's strengths? _____

What have been your observations and/or knowledge of the applicant's participation in extracurricular activities and/or community service activities?

Please circle the number that best applies in each of the following categories:

	Poor	Weak	Average	Good	Exceptional
Personal conduct / behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character / personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation / work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your overall recommendation of this applicant for admission to Cathedral High School (please circle one):

- Recommend enthusiastically Recommend Recommend with reservation Do not recommend

Please explain your overall recommendation and/or offer additional information that would be helpful to the Admissions Committee:

Name of individual completing this form (please print) _____

Position / Title _____ School _____

Signature _____ Date _____ Phone _____