

ST. JOHN NOTTINGHAM LUTHERAN SCHOOL

1027 EAST 176TH STREET * CLEVELAND, OH 44119 * PHONE/FAX: 216-531-8204

Letter of Recommendation

Parents: Please complete the top portion of this form and give it to your child's current teacher or school administrator with an addressed stamped envelope. Thank you.

Date: _____

Applicant's Name: _____ Grade Level: _____

School Presently Attending: _____ How Long: _____

Recommender's Name _____ Title: _____

The parents waive their right to see this completed form: Yes No

1. On the basis of Academic Promise (scholastic record and known ability):

- I strongly recommend this student. I recommend this student with reservation.
 I recommend this student. I do not recommend this student.

2. On the basis of character and general deportment:

- I strongly recommend this student. I recommend this student with reservation.
 I recommend this student. I do not recommend this student.

3. Character and personality rating:

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR/ LACKING
Effort and Application to studies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation in school:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would greatly appreciate your remarks in this area especially if the student rating is below average or lower in any category.

4. Other information:

- Is the student's attendance record unsatisfactory? Yes No
Any significant health or physical disabilities? Yes No
Any significant home condition likely to affect school performance? Yes No
Any significant behavior or personality problem? Yes No
Any outstanding talent? Yes No

If you answered "yes" to any question, please explain: _____

(OVER)

5. Academic Record and Ability

Please give grades for the following or send a transcript.

FIRST SEMESTER GRADE

SECOND SEMESTER GRADE

Reading		
Mathematics		
English (Grammar)		

Do you think the student's grades accurately reflect actual ability/achievement? Yes No

Please give your judgment concerning the students ability in the following by checking the appropriate box.

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR/LACKING
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing (Composition)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommender's Information

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Signature: _____

Thank you for taking the time to complete this recommendation.