

# ST. JOHN NOTTINGHAM LUTHERAN SCHOOL

1027 EAST 176<sup>TH</sup> 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):

- |   |   |
|---|---|
| <input type="checkbox"/> I strongly recommend this student. | <input type="checkbox"/> I recommend this student with reservation. |
| <input type="checkbox"/> I recommend this student.          | <input type="checkbox"/> I do not recommend this student.           |

2. On the basis of character and general deportment:

- |   |   |
|---|---|
| <input type="checkbox"/> I strongly recommend this student. | <input type="checkbox"/> I recommend this student with reservation. |
| <input type="checkbox"/> I recommend this student.          | <input type="checkbox"/> 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?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any significant health or physical disabilities?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any significant home condition likely to affect school performance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any significant behavior or personality problem?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any outstanding talent?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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.**