

For Parent of Applicant to complete

Applicant Name: _____

School: _____

I hereby authorize the release of information regarding my son to Jesuit High School, Office of Admissions.

Parent/Guardian Signature _____

Date _____

For Mathematics teacher to complete

Please complete both sides of this form and mail to Jesuit Admissions by the dates indicated on the back of this form. Feel free to attach additional information if necessary. Note: This student recommendation will be held in the *strictest confidence*.

I. Academic Recommendation - This section should reflect your opinion of the applicant's **ABILITY** and **POTENTIAL** to succeed in a college preparatory curriculum.

_____ I unconditionally recommend this student. (Student working at "A" level.)

_____ I strongly recommend this student. (Student working at "B" level and has the ability and work habits to continue at this level at Jesuit.)

_____ I recommend this student. (Student working at "C/B" level and has the ability and work habits to continue at this level or better at Jesuit.)

_____ I recommend this student with reservations. (Please comment below.)

_____ I do not recommend this student. (Please comment below.)

Comments: _____

II. Character Recommendation - This section should reflect the desire and motivation this student has for entering a "values based" community and for growing socially, spiritually, and in service to his fellow human beings.

_____ I unconditionally recommend this student. (Student demonstrates outstanding integrity/generosity)

_____ I strongly recommend this student. (Student demonstrates attitudes and behaviors which will make him an asset to the Jesuit High School Community.)

_____ I recommend this student. (Student demonstrates a willingness to grow in his values and attitudes; though occasionally immature, he responds well to direction/correction.)

_____ I recommend this student with reservations. (Please comment below.)

_____ I do not recommend this student. (Please comment below.)

Comments: _____

III. Evaluation - Please check the appropriate box for each category below:

	A	B	C	D	E	O
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Cooperation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Social Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key:
 A = Excellent
 B = Commendable
 C = Acceptable
 D = Questionable
 E = Unacceptable
 O = Not Observed

IV. Please check here if student is currently taking a HIGH SCHOOL level course in:

- Algebra
 Geometry
 Algebra II
 Pre-Calculus
 Calculus
 Other: _____ Is this an Honors level course? _____

V. Comments/Additional Information - Please list any additional information that you feel would be helpful in reviewing this applicant.

Thank you for your time, care and concern in completing this recommendation. This form will become part of our confidential admissions files for use by appropriate school officials. For further information, contact the Jesuit Admissions Office at (916) 482-6060, ext. 227.

Evaluator's Name: _____ Position: _____

Evaluator's Signature: _____ Date: _____

Please return this form by the due dates listed below:

9th Grade Applicant: February 3, 2012
 Transfer Applicant: April 27, 2012

Jesuit High School Admissions
 1200 Jacob Lane
 Carmichael CA 95608