



St. John Fisher School

5446 Crest Rd.
Rancho Palos Verdes, CA 90275
Phone: 310-377-2800
Fax: 310-377-3863



School Recommendation Form Gr. 1-8

Name of Applicant _____ Grade entering _____

This child is seeking admission to St. John Fisher School. We would appreciate your observations about the areas listed below. Your candid estimate of the applicant will be of invaluable assistance to our Principal and will not be released to anyone. All recommendations are kept strictly confidential.

	1	2	3	4	Rating	Comments
ACADEMIC ABILITY	Poor Academic Risk/Marginal Ability	Capable of Satisfactory Work	Fine Student	Superior		
INDEPENDENT WORK & STUDY HABITS	Weak/Unsatisfactory	Average	Well Above Average	Excellent		
CONDUCT & INTEGRITY	Weak or Questionable	Good or Acceptable	Generally Excellent	Outstanding In Every Respect		
ATTENTIVENESS TO TASK	Rarely/Never	Usually	Almost Always	Always		
MOTIVATION	Weak/Poor	Average	Well Above Average	Excellent		
ATTITUDE & COOPERATION	Less than Satisfactory	Satisfactory	Generally Excellent	Outstanding		
SOCIAL SKILLS	Circle One: Isolated Little Interaction Somewhat Aggressive Overly Aggressive	Average Skills	Cooperates With Peers	Positive Leadership		
MATURITY & STABILITY	Below Expected Level	Average For Age	Well Above Average	Excellent		

1. Does the candidate have any outstanding abilities or deficiencies not covered by the above categories? Yes _____ No _____

Explanation: _____

2. Does the candidate have any significant limitations that affect school performance? Yes _____ No _____

Explanation: _____

3. Has the student ever been referred to a school office for disciplinary action? Yes _____ No _____

Explanation: _____

I recommend this student for admission:

Academic Achievement: Enthusiastically _____ Confidently _____
With reservation _____ Do not recommend _____

Character & Personal Qualities: Enthusiastically _____ Confidently _____
With reservation _____ Do not recommend _____

Signature: _____ Title: _____

Printed Name (Mr. Mrs. Ms. Miss Dr.) _____

In what capacity do you know this student? _____

School _____

Area Code & Phone number _____

School Address _____

City _____ State _____ Zip Code _____

Additional Comments: _____

The parents of this child gave permission for us to receive your recommendation.

Parent/Guardian Signature _____ Date _____

This form must be returned to the school office by February 17, 2017