

RECOMMENDATION FORM Applicants to Grade 10, 11, 12

Student Last Name _____ First Name _____

Applying for Grade: 10 11 12

(This form should not be used for students applying to grade 9)

To the Recommender

The student listed above is seeking admission to Bishop O’Connell High School. Please evaluate the student on the following areas and add comments as appropriate. This information will be kept confidential.

Characteristic	1 Outstanding	2	3	4	5	6	7 Poor	Unable to evaluate
Ability to work independently								
Attentiveness								
Class attendance								
Class participation								
Community service								
Cooperation								
Dependability								
Homework completion								
Honesty								
Motivation								
Organizational skills								
Relationships with adults								
Relationships with peers								
Respect for authority								
Self control								

Please add any comments you feel would be helpful to the Admissions Committee in evaluating this applicant. A second page may be attached if necessary _____

Period of time during which I have known this student _____

I recommend this student for admission to Bishop O’Connell High School Yes No

Signature of Recommender: _____ Date: _____

Name and Title (Please Print): _____

School: _____

Submit completed form directly to:

Office of Admissions, Bishop O’Connell High School, 6600 Little Falls Rd., Arlington, VA 22213