

# BISHOP O'CONNELL HIGH SCHOOL

Where Tradition Transforms



## Teacher Recommendation Form

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Applying for Grade \_\_\_\_\_ Student Current School \_\_\_\_\_

Characteristic	Unable to Evaluate	1	2	3	4	5 (Outstanding)
Class Attendance						
Class Participation						
Cooperation						
Homework Completion						
Organizational Skills						
Relationship with Peers						
Respect for Authority						

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	With Enthusiasm
Academic Promise					
Character and Personal Promise					
Overall Recommendation					

How long have you known the student? \_\_\_\_\_

In what capacity have you known this student? \_\_\_\_\_

Please add any comments that would be helpful to the Admissions Committee in evaluating this applicant: \_\_\_\_\_

Recommender's Name \_\_\_\_\_

Recommender's Title \_\_\_\_\_ Recommender's Phone Number \_\_\_\_\_

Recommender's Signature \_\_\_\_\_

Please submit directly to:

Office of Admissions

6600 Little Falls Road

Arlington, VA 22213

Fax: 703-241-4297