

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: _____

Please submit directly to:
Office of Admissions
6600 Little Falls Road
Arlington, VA 22213
Fax: 703-241-4297

Recommender's Name _____
Recommender's Title _____
Recommender's Email _____
Recommender's Signature _____