

Loyola High School

CONFIDENTIAL RECOMMENDATION FORM TO BE COMPLETED BY TEACHER OR PRINCIPAL

Family Name _____ First Name _____ Present Grade _____

is a candidate for admission to Loyola High School. Your assessment of the applicant will be helpful to the Admission Committee and is considered an integral part of the candidate's application. Your ratings and comments will be kept in strictest confidence. Please return the questionnaire in the enclosed envelope to Loyola High School.

THIS SECTION TO BE COMPLETED BY THE TEACHER / PRINCIPAL

1. How long have you known the candidate? _____
2. Has he been subject to any disciplinary action for serious misconduct? Yes _____ No _____
If yes, please explain. _____
3. In relation to others in the candidate's age group whom you have taught, please rate the candidate by checking the appropriate boxes. _____

	<i>Truly Outstanding</i>	<i>Excellent</i>	<i>Very Good</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<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"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Additional comments _____

5. With reference to both academic ability and character

- I recommend the candidate enthusiastically
- I recommend the candidate strongly
- I recommend the candidate fairly strongly
- I recommend the candidate without enthusiasm
- I do not recommend the candidate

Name _____ Position _____
(Please print)

School Name _____

School Address _____
No. Street City Prov. Postal Code

Telephone No. _____ E-mail _____
(optional) (optional)

Signature _____ Date _____

**When completed, please place in accompanying envelope
and return to Loyola High school**

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