



**Confidential Recommendation for Admission**  
(Must be completed by a current teacher or principal)

Name of Applicant \_\_\_\_\_

How long have you known this applicant? \_\_\_\_\_

The student above is seeking admission to Elyria Catholic High School. We would appreciate your candid response regarding the student's intellectual promise and capacity for success. Be assured your comments will be held in the strictest confidence and will not be shared with the student or parents. This recommendation will not become part of the student's permanent file. Questions regarding the completion of this form should be directed to Terry Ziegelmeier, EC Admissions Director, at (440) 230-8606 or via email at ziegelmeier@elyriacatholic.com. Thank you so much for your time and effort in completing this form.

	Excellent (Top 10% of all students)	Good (Upper half of all students)	Fair (Lower half of all students)	Poor (Lowest 10% of all)
Willingness to Serve Others				
Academic Achievement				
Academic Potential				
Consistency of Performance				
Quality of Daily Preparation				
Work Ethic				
Class Participation/Attentiveness				
Self-direction				
Leadership Ability				
Relationship with Peers				
Relationship with Adults				
Respect for Others				
Integrity and Honesty				
Social and Emotional Maturity				
Exercises Self Control				
Family Support of Education				

- Math** – Please identify the mathematics course this student will have completed by the end of this school year:  
 \_\_\_\_\_ Math 8    \_\_\_\_\_ Pre-Algebra    \_\_\_\_\_ Algebra 1    \_\_\_\_\_ Geometry    Other: \_\_\_\_\_
- Foreign Language** – Please describe the student's world language learning experience:  
 Language: \_\_\_\_\_ None    \_\_\_\_\_ French    \_\_\_\_\_ Spanish    Other: \_\_\_\_\_  
 Structure: \_\_\_\_\_ Other    \_\_\_\_\_ 2-3 x/Week    \_\_\_\_\_ Once weekly    Other: \_\_\_\_\_

3. Which academic accommodations, if any, have been made that should continue in high school to facilitate this student's success?

No Accommodations Needed     Extended Time     Preferential Seating     Small Group Testing  
 Frequent Breaks     Calculator     Spell-check/Dictionary     Break Complex Tasks into Parts  
 Oral Response (vs written)     Audio Reading Assistance    Other (please list below):

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4. What makes this student unique or what unique contribution does this student make in your school?

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5. Are you aware of any factors that have interfered with this student's past academic performance or any factors that could interfere with this student's academic performance in high school?  No  Yes If yes, please explain below:

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6. a. Has the student displayed chronic or repetitive behaviors that interfere with his/her or others' learning?  No  Yes

b. Has the student been disciplined for a severe infraction in the 7<sup>th</sup> or 8<sup>th</sup> grade?  No  Yes

If yes, please explain below and/or check:  Please call the principal for further information.

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**Recommendation for Admission to Elyria Catholic High School** (please select one recommendation for each of the following areas):

	<b>Strongly Recommend</b>	<b>Recommend</b>	<b>Recommend with Reservations</b>	<b>Do Not Recommend</b>
For Academic Promise:				
For Character/Personal Promise:				
Overall Recommendation:				

**Additional Comments** (optional):

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**Printed Name**

**Title (Position/Subject)**

**School**

**Signature**

**Date**