

St. Xavier High School Companion Scholars Program
6th or 7th Grade Academic Teacher Recommendation

Applicant Legal Name: _____

Teacher Name (please print): _____ Grade Level: _____

Teacher Signature: _____ School: _____

Telephone: _____ Fax: _____

Academic Ratings

<i>Effort/Drive</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Study Habits</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Critical Thinking</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Attention Span</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Academic Potential</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Academic Achievement</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Non – Academic Ratings

<i>Integrity</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Classroom Behavior</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Cooperation</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Respect of Peers</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Kind/Helpful to Others</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
<i>Initiative</i>	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Overall Recommendation

- ☐ I *strongly recommend* this candidate for admission to the Companion Scholars Program
- ☐ I *recommend* this candidate for admission to the Companion Scholars Program
- ☐ I *recommend* this candidate *with some reservation* to the Companion Scholars Program
- ☐ I *do not recommend* this candidate for admission to the Companion Scholars Program

Parent/Guardian Consent to Release Information:

To allow a completely candid evaluation I waive my right to examine this recommendation and understand that the comments of the evaluator will be held in the strictest of confidence throughout the selection process.

Parent/Guardian Signature: _____ Date: _____

Please mail completed evaluations by March 27, 2020 to:
St. Xavier High School, ATTENTION: Jill Malik, 600 W. North Bend Road, Cincinnati, Ohio 45224