



5225 E. 56TH STREET • INDIANAPOLIS, IN 46226  
(317) 968-7368 • FAX (317) 968-7395 • WWW.GOCATHEDRAL.COM

## Cathedral High School – Class of 2014 – Student Recommendation Form

*Student recommendation forms are to be completed by any two of the following: applicant's 8<sup>th</sup> grade academic subject teachers (teachers of English, Lang. Arts, Soc. Studies, Math, or Science), applicant's 8<sup>th</sup> grade school guidance counselor or school principal. Completed forms must be returned by school personnel directly to Cathedral High School Admissions by January 22, 2010.*

Name of Student: \_\_\_\_\_

The student above is applying for admission to Cathedral High School. We value your professional insight in helping us learn more about this applicant. Your candid evaluation will be one among several assessments that will help our Admissions Committee select the Cathedral Class of 2014. This completed form will be held in **strictest confidence**. **Please mail or fax directly to Cathedral High School, Attn: Enrollment Management, 5225 E. 56th St., Indianapolis, IN 46226, or fax to Enrollment Management at (317) 968-7395.**

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

How would you describe the applicant? \_\_\_\_\_

What are the applicant's strengths? \_\_\_\_\_

What have been your observations and/or knowledge of the applicant's participation in extracurricular activities and/or community service activities?

\_\_\_\_\_  
\_\_\_\_\_

***Please circle the number that best applies in each of the following categories:***

	Poor	Weak	Average	Good	Exceptional
Personal conduct / behavior	1	2	3	4	5
Character / personal integrity	1	2	3	4	5
Attitude toward learning	1	2	3	4	5
Class participation	1	2	3	4	5
Motivation / work ethic	1	2	3	4	5
Respect for others	1	2	3	4	5
Academic promise	1	2	3	4	5

***Your overall recommendation of this applicant for admission to Cathedral High School (please circle one):***

Do not recommend

Recommend with reservation

Recommend without reservation

Please explain your overall recommendation and/or offer additional information that would be helpful to the Admissions Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual completing this form (please print): \_\_\_\_\_

Position / Title: \_\_\_\_\_ School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_