



NOTRE DAME ACADEMY

Educating Young Women To Make A Difference

Principal/Advisor Recommendation

APPLICANT NAME

_____ Last Name

_____ First Name

_____ MI

*This form will be used only by the persons on the Admissions Committee and will not become part of the cumulative folder of the prospective student; therefore, this form will not be open to review. Please complete by **February 1, 2012**.*

RECOMMENDATION

Academic promise	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Personal promise	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Overall recommendation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement

APPLICANT EVALUATION

Academic achievement	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Leadership	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Conduct	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement
Attendance	<input type="checkbox"/> Excellent	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Needs Improvement

Do you believe this student works at her top ability? Why or why not?

Do you believe that this student is qualified to attend Notre Dame Academy? Why or why not?

Has the student been subject to extraordinary disciplinary procedures? yes no

Has the student had unusual or extenuating circumstances that have affected her grades? yes no

If yes, please explain or check this box to speak over the phone .



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PARENTAL SUPPORT

- | | | | | |
|---|--------------------------------------|--------------------------------------|------------------------------------|---------------------------------|
| Support School Policy | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Communication with School | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Cooperation with faculty/administration | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Participates in school community | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Involvement in child's education | <input type="checkbox"/> Appropriate | <input type="checkbox"/> Too Much | <input type="checkbox"/> Rare | |
| Parent expectations for child | <input type="checkbox"/> Realistic | <input type="checkbox"/> Unrealistic | <input type="checkbox"/> Unknown | |

Please explain further:

FINANCIAL OBLIGATIONS

- Parents meet financial obligations regularly.
- Parents need special consideration and financial arrangements.
- Parents fail to meet financial obligations.
- Student is worthy of a work scholarship.

Please explain further:

ADDITIONAL COMMENTS (below or on a separate sheet)

Please provide additional comments or information which you think might or should influence our decision.

Continue on reverse side, if necessary

Thank you for the time you have taken to prepare this report. Your carefully considered judgments will have a direct bearing on the candidate's acceptance.

Evaluator (Please print) _____

School _____

E-mail Contact _____

Phone _____

Signature _____

Date _____