



## Teacher Recommendation

Name of Applicant \_\_\_\_\_  
                                     First                                    Middle                                    Last

Address of Applicant \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip

School \_\_\_\_\_ School Telephone \_\_\_\_\_

School Address \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip

**To the Parent:** Please fill out the above section and submit to your child's classroom teacher.

**To the Teacher:** Please fill this form as completely as possible. All information will be held in the strictest confidence.

|  |                         |                               |                           |                                   |             |
|--|-------------------------|-------------------------------|---------------------------|-----------------------------------|-------------|
| <b>Academic Work</b><br>Inherent capacity and<br>ability to learn  | May Have<br>Difficulty  | Should Be<br>Satisfactory     | Will Be A<br>Good Student | Will Be An<br>Exceptional Student |             |
| <b>Social Adjustment</b><br>Ability to take part in<br>group activities with peers                       | Poor                    | Below -Average                | Average                   | Above Average                     | Exceptional |
| <b>Emotional Stability</b><br>Well- balanced emotional<br>control, moderation in<br>emotional expression | Often<br>over-emotional | Occasionally<br>overemotional | Normal                    | Well-Balanced                     | Exceptional |
| <b>Leadership</b><br>Has demonstrated<br>leadership potential  | Never                   | Seldom                        | Occasionally              | Usually                           | Invariably  |
| <b>Character</b><br>Standards of conduct,<br>personal integrity  | Low                     | Below-Average                 | Average                   | Superior                          | Exceptional |
| <b>Common Sense</b><br>Soundness of judgment,<br>fair-mindedness   | Poor                    | Below-Average                 | Average                   | Above-Average                     | Exceptional |

**Reliability**

Dependability and promptness

|      |               |         |               |             |
|------|---------------|---------|---------------|-------------|
| Poor | Below-Average | Average | Above-Average | Exceptional |
|------|---------------|---------|---------------|-------------|

**Industry**

Energy, perseverance, application to work

|      |               |         |               |             |
|------|---------------|---------|---------------|-------------|
| Poor | Below-Average | Average | Above-Average | Exceptional |
|------|---------------|---------|---------------|-------------|

**Initiative**

Creative ability, enterprise, resourcefulness

|      |               |         |               |             |
|------|---------------|---------|---------------|-------------|
| Poor | Below-Average | Average | Above-Average | Exceptional |
|------|---------------|---------|---------------|-------------|

**Cooperation**

Ability to work well with others

|      |                |         |               |             |
|------|----------------|---------|---------------|-------------|
| Poor | Below -Average | Average | Above-Average | Exceptional |
|------|----------------|---------|---------------|-------------|

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

In what subject (s) have you taught the applicant? \_\_\_\_\_

Please give us your assessment of the candidate:( Please be specific in the areas of academics and personal character)

I recommend this applicant for admission to Lacordaire Academy:

With confidence and enthusiasm

With reservation

I do not recommend

Faculty Name \_\_\_\_\_ Position \_\_\_\_\_

Please Print

School \_\_\_\_\_ School phone number \_\_\_\_\_

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

We thank you for this evaluation. Please do not hesitate to call if you have any additional information that is relevant to this applicant or you would like to learn more about Lacordaire Academy.

Please email this completed form to:

admissions@lacordaire.net

Or mail it to:

Lacordaire Admissions Office  
 155 Lorraine Avenue  
 Upper Montclair, NJ 07043