



Principal/Teacher Recommendation Form

TO THE PARENT/GUARDIAN: Please complete the top portion of this form and give it to your child's teacher or principal to complete. Your signature acknowledges that you provide the teacher or principal your permission to share information with our school. Thank you.

Name of Child: _____ **Date of Birth:** _____

Current School: _____ **Number of Years Attended:** _____

Parent/Guardian Signature: _____ **Date:** _____

TO THE TEACHER: This form was developed to allow an exchange of information about the student whose name appears above. Your candid assessment of the applicant is helpful in our admissions process and in the placement of this student in appropriate classes. Thank you for your time and effort.

Name of Principal or Teacher: _____

Signature: _____

Please evaluate the student in the following areas by placing a mark in the appropriate column.

	Truly Outstanding	Excellent	Good	Average	Below Average
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What words come to mind when you think of this student?

Has this student had any recurrent and/or serious disciplinary problems? Please explain and note any serious disciplinary action taken.

What academic, social, or emotional accommodations have been offered for this student while he/she attended your school? (Please refer to IEP or 504 plans if applicable)

In light of our mission and ability to meet the needs of students, is there any other information that would be helpful in evaluation this applicant?

How do you recommend this student? _____ without hesitation

_____ with concerns

_____ I do not recommend this student

Please submit to:

West Lutheran High School
3350 Harbor Lane N.
Plymouth, MN 55447