



Admission Department
Bishop Guertin High School
194 Lund Road
Nashua, NH 03060-4398
(603) 889-4107 Fax (603) 889-0701

ENGLISH TEACHER RECOMMENDATION

This information will be kept confidential

Student's Name _____ Grade applying for _____

Instructions to the Applicant: Please fill in your name and the grade for which you are applying. Give this form to your Counseling Department or Principal to be distributed to your teacher.

Instructions to the English Teacher: Thank you in advance for your time and cooperation. This student has applied to Bishop Guertin High School. Our Admission Committee depends on, and values your recommendation as they evaluate this student's application.

Course Title and Level _____

Current average in your course _____ How long have you known this student? _____

Briefly describe the content of your course (literature read, vocabulary work, oral presentations, nature and length of written assignments).

What are the student's specific academic strengths and weaknesses in English? Please comment on the student's ability to organize and communicate ideas, both in speech and composition.

English Evaluation

Please evaluate the student in the following areas:

	Exceptional	Very Good	Average	Below Average	N/A
Academic Development					
Academic Achievement					
Reading Comprehension					
Clarity of Writing Style					
Oral Expression					
Imagination/Creativity					
Study Habits					
Self-Image					
Responsibility					
Concern for Others					
Ability to Lead					
Integrity					
Maturity/Motivation					

We welcome any additional comments and thoughts you feel will be helpful to us. _____

I recommend this student for admission: ___Enthusiastically___ Strongly ___With Reservation ___Not at All

Name _____

School _____

Signature _____

School Phone Number _____

Date _____