



CONFIDENTIAL

Principal/Counselor/Teacher Recommendation Form Applicants for Grades 2-8 for the 2023-2024 School Year

_____ has applied for admission to Grade _____ at All Saints School. Please complete this form and return to All Saints School as soon as possible. All Saints School considers this form vital for the applicant to be considered for admission. **Please note that this reference is confidential and only used for admissions. It does not go in the student's permanent file.**

Our program cannot serve the needs of every student, thus we solicit your help in giving our Admissions Committee a clearer insight into the Applicant's qualities. Your reply will be treated **confidentially**.

How long have you known the Applicant? _____

In what capacity have you known the Applicant? _____

If you have had the Applicant as a student, in what subject(s) have you taught him/her?

How do you rate the Applicant in the following categories? Please mark with an (X).

Category	Excellent	Good	Average	Needs Improvement	Comments
Writing Ability					
Reading Ability					
Math Ability					
Responsibility					
Effort (<i>in class/homework</i>)					
Leadership Potential					
Conduct/Behavior					
Quality of Homework					
Writing Ability					

Please describe the Applicant using five adjectives:

How effectively does the Applicant relate to their classmates?

Please note any special programs at your school that the Applicant participates in:
(i.e., ESL, speech therapy, Chapter I)

Marking the following continuum with an (X), how would you recommend the Applicant for admission to All Saints School?

Enthusiastically

Not Recommended

For Academic Potential					
For Strength of Character					
Overall Recommendation					

Please feel free to make any further pertinent comments about the Applicant.

Signature: _____

Name (Printed): _____

Position Held: _____

Date: _____

Name of School: _____

School Address: _____

School Phone: _____

PLEASE RETURN COMPLETED FORM TO:

Registrar

ALL SAINTS SCHOOL

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