



**CONFIDENTIAL**

## Principal/Counselor/Teacher Recommendation Form

Applicants for Grades 2-8 for the 2025-2026 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.**

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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? \_\_\_\_\_

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In what capacity have you known the Applicant? \_\_\_\_\_

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

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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:

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How effectively does the Applicant relate to their classmates?

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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**  
601 NE Cesar E Chavez Blvd.  
Portland, OR 97232

**Phone:**(503)236-6205  
**Fax:**(503)236-0781  
**Email:** admissions@allsaintsportland.com