

CONFIDENTIAL

Principal/Counselor/Teacher Recommendation FormApplicants for Grades 2-8 for the 2021-2022 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 insight into the Applicant's qua				g our Admissions Con	nmittee a clearer			
How long have you known the	Applicant?							
In what capacity have you know	wn the Applicant? _							
If you have had the Applicant a	is a student, in what	subject(s) have y	ou taught him/her	?				
How do you rate the Applicant	in the following cat	egories? Please m	ark with an (X).					
Category	Excellent	Good	Average	Needs Improvement	Comments			
Writing Ability				•				
Reading Ability								
Math Ability								
Responsibility								
Effort (in class/homework)								
Leadership Potential								
Conduct/Behavior								
Quality of Homework								
Writing Ability								
Please describe the Applicant How effectively does the Applicant								

Please note any specia (i.e., ESL, speech thera		school that the A	pplicant participate	s in:		
Marking the following	continuum with ar	ı (X), how would y	ou recommend the	Applicant for admis	sion to All Saints School?	
	Enthusiastically					
For Academic Potentia	ıl					
For Strength of Charac	ter					
Overall Recommendat	ion					
Sigr	nature:					
Nan	ne (Printed):					
Pos	ition Held:					
Dat	e:					
Nar	ne of School:					
Sch	ool Address:					
Sch	ool Phone:					

PLEASE RETURN COMPLETED FORM TO:

Registrar

 ALL SAINTS SCHOOL
 Phone: (503) 236-6205

 601 NE Cesar E Chavez Blvd.
 Fax: (503) 236-0781

Portland, OR 97232 Email: office@allsaintsportland.com