

NAME OF APPLICANT _____ CURRENT GRADE _____

PARENT OR GUARDIAN:

Read and sign the following before giving this to your student's teacher. Please include an addressed/stamped envelope for each teacher. I understand and agree that the information contained on this Teacher Recommendation Form is confidential and will be used only in the selection of applicants and will not become part of the applicant's permanent file. I also agree that this completed form will not be available to applicants or parents, and I waive any right that I may have to see it.

Signature of Parent or Guardian

Date
TEACHERS:

Please complete this confidential form and return to Cristo Rey Admissions Office. This Teacher Recommendation Form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and candor. The student's application cannot be processed until this form is received by our Admissions Team.

Cristo Rey Richmond High School Admissions Department
 304 N. Sheppard St, Richmond, VA 23221 or Admissions@CristoReyRichmond.org
 Phone: (804)-447-4704 Fax: (804)-447-4865

CLASSROOM PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Listens to and follows teacher's instructions				
<i>Comments:</i>				
Is attentive to group discussions/activities				
<i>Comments:</i>				
Demonstrates ability to work independently				
<i>Comments:</i>				
Turns in assignments on time				
<i>Comments:</i>				
Demonstrates ability to stay on task				
<i>Comments:</i>				
Is respectful of faculty and staff				
<i>Comments:</i>				
ACADEMIC PERFORMANCE	ABOVE GRADE LEVEL	AT GRADE LEVEL	BELOW GRADE LEVEL	EXTREMELY BELOW GRADE LEVEL
How would you describe this student's writing skills?				
<i>Comments:</i>				
How would you describe this student's reading skills?				
<i>Comments:</i>				



