



## ENGLISH TEACHER (LANGUAGE ARTS)

### RECOMMENDATION FORM

- This form will be used only by the Admissions Committee and will not become a part of the cumulative record of the prospective student; therefore, this form will *not* be open to general review and will be destroyed when the admissions process has been completed.
- Please complete this form and send directly to the attention of La Salle's Admission's Office. **The student should provide you with a return envelope to mail directly** to La Salle Admissions at 3000 Lightning Way, Union Gap, WA 98903. Or you can scan it to [admissions@lasalleyakima.org](mailto:admissions@lasalleyakima.org) or fax it to the Admissions Office at (509) 225-2980.
- Do not give this completed form to the student.

Student Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

School: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

STUDENT RATING	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
MOTIVATION ◆ committed to learning, attentive to goals ◆ inclined to complete tasks				
SENSE OF RESPONSIBILITY ◆ concerned with welfare and rights of others ◆ respects property				
PERSONAL RELATIONSHIPS ◆ works well with others, liked by others ◆ included in group activities				
Initiative/Leadership ◆ often called upon to direct activities ◆ works for constructive improvement				
ACADEMIC ABILITY				
ACADEMIC PERFORMANCE				
ATTENDANCE AT SCHOOL				
COOPERATION				
GENERAL CONDUCT				
WORK AND STUDY HABITS				

**PLEASE CHECK IF APPLICABLE:**

Yes    No   Are there any extraordinary health problems which might affect academic performance?

Yes    No   Has the student been subject to extraordinary disciplinary procedures?

*If yes to any of the above, please explain:*

---

---

---

---

<b>RECOMMENDATION</b>	<b>ACADEMICALLY</b>	<b>AS A PERSON</b>
I strongly recommend this student.		
I recommend this student.		
I recommend this student with reservations. <i>(Please state reservation below.)</i>		
I do not recommend this student. <i>(Please state your reasons below.)</i>		

*Is there any additional information which you think might or should influence our decision?*

---

---

---

---

---

---

Evaluator's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for the time that you have taken to prepare this report. Your carefully considered judgments will have a direct bearing on the candidate's application.*