GREENWICH CATHOLIC SCHOOL

Teacher Recommendation Form
Second Through Eighth Grade

Name of Student_____

Compared to other students whom you have taught, how would you rate this student in terms of academic skills and potential?

	No basis	Below Average	Average	Good	Very Good	Excellent	One of the best
_____Creativity							
_____Motivation							
_____Leadership							
_____Intellectual ability							
_____Class participation							
_____Disciplined work habits							
_____Emotional maturity							
_____Personal maturity							
_____Potential for growth							
_____Academic promise							
_____Character							

additional Comments

_____

_____

_____

_____

_____

_____

_____

_____

Name of School

_____

Teacher's Name_____ Signature_____

School Address_____ Date_____

Please return completed form to
Greenwich Catholic School Admissions
471 North Street, Greenwich, CT, 06830