



Saint James School
1st-5th Grade Confidential Recommendation

Parent/Guardian: Please complete the applicant information and forward this document to your child's teacher or administrator. This evaluation is confidential and the information contained in this evaluation will be released only to the admissions committee at Saint James School.

Signature of Parent/Guardian: _____ Date _____

Name of Applicant: _____ Grade for which applying: _____

Dear Teacher/School Administrator: The student listed above is applying for admission to Saint James School in Montgomery, AL. This is a confidential recommendation. Please complete pages 2, 3, and 4 of this evaluation. Your candid appraisal of of this student will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. If you do not wish to complete this form, but would be willing to discuss the student personally, please sign and list your home phone number or email address. If you have any questions, please contact the Dean of Admissions, Cathy Pearson, at 334.273.3000. Thank you for your assistance.

Saint James is an independent, nonsectarian, college preparatory school with a student body broadly representative of college-bound students. We are committed to challenging and assisting students in realizing their individual potential and preparing them for lives of responsibility, service, and achievement.

Student's Name _____

ACADEMIC PERFORMANCE Does this student:	All of the time	Most of the time	Sometimes	Rarely
...promptly complete classroom assignments/homework?				
...work independently when given an independent task?				
...feel comfortable with asking for help when needed?				
...display work habits equal to or greater than those of his/her peers?				
...show organizational skills equal to or greater than those of his/her peers?				
...easily transition from one classroom activity to another?				
...persist in tasks that he/she finds difficult?				
SOCIAL/EMOTIONAL DEVELOPMENT Does this student:	All of the time	Most of the time	Sometimes	Rarely
...have friends that enjoy playing with him/her?				
...need redirection more often than other students of the same developmental age?				
...have age-appropriate self control?				
...usually display a happy disposition?				
...cooperate with other students during group activities?				
...have positive relationships with his/her peers?				
BEHAVIOR/CONDUCT Does this student:	All of the time	Most of the time	Sometimes	Rarely
...respond in an age-appropriate way to correction?				
...follow classroom rules and procedures?				
...respect other people and the property of others?				
...handle frustration in an age-appropriate way?				
...accept limits and boundaries set by an adult?				

Student's Name _____

In relation to others in the applicant's grade level whom you have known, please rate the applicant's personal characteristics and qualities by checking the appropriate boxes.

Attention span	<input type="checkbox"/> actively engaged	<input type="checkbox"/> attentive	<input type="checkbox"/> variable attention	<input type="checkbox"/> requires redirection
Leadership potential	<input type="checkbox"/> leader	<input type="checkbox"/> can lead or follow	<input type="checkbox"/> leads on occasion	<input type="checkbox"/> rarely leads
Respect for Authority	<input type="checkbox"/> courteous	<input type="checkbox"/> usually positive	<input type="checkbox"/> occasional problems	<input type="checkbox"/> shows little respect
Concern for Others	<input type="checkbox"/> very considerate	<input type="checkbox"/> considerate	<input type="checkbox"/> usually considerate	<input type="checkbox"/> rarely considerate
Personal integrity	<input type="checkbox"/> highly trustworthy	<input type="checkbox"/> trustworthy	<input type="checkbox"/> usually trustworthy	<input type="checkbox"/> questionable
Emotional maturity	<input type="checkbox"/> very mature	<input type="checkbox"/> age appropriate	<input type="checkbox"/> sometimes	<input type="checkbox"/> immature
Self confidence	<input type="checkbox"/> healthy self image	<input type="checkbox"/> needs some support	<input type="checkbox"/> seems over confident	<input type="checkbox"/> poor self image

How would you describe this student's parents' outlook toward the student and school?
(Check all that apply)

<input type="checkbox"/> Antagonistic	<input type="checkbox"/> Encouraging	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Involved
<input type="checkbox"/> Negative	<input type="checkbox"/> Positive	<input type="checkbox"/> Protective	<input type="checkbox"/> Supportive

Please comment on any conduct issues or special talents of this student.

What do you believe are this student's greatest strengths?

What do you believe are this student's weaknesses?

Is the applicant eligible to return to your school for the next grade level? _____

Overall recommendation:

- recommend with enthusiasm
 recommend
 recommend with reservations
 cannot recommend

Student's Name _____

Applicant's Current School _____ Number of years attended _____

Teacher's Printed Name _____ I have known the applicant for ____ years.

Teacher's Signature _____ Date _____

If Teacher is not available, please complete by an administrator:

Administrator's Name _____ Administrator's Signature _____

Date _____ Reason Teacher is Not Available _____

School Name _____

School Address _____

School Telephone _____ Evaluator's Email _____

School Officials, please send this form directly to our Admissions Office.

Mail: 6010 Vaughn Road, Montgomery, AL 36116

Email: admissions@stjweb.org

Fax: 334-279-3169