



Transfer Student Recommendation Form

Applicant's Name _____ Grade _____
Last First

Current School _____
School Phone _____

Teacher's Name _____
Subject Taught _____

ACADEMIC EVALUATION

	Excellent	Good	Average	Below Average	Poor	No basis for judgment
Ability to work independently						
Ability to work in groups						
Ability to follow directions						
Ability to focus						
Academic Achievement						
Academic Potential						
Completion of Homework						
Oral Expression						
Organization						
Written Expression						

Comments:

CHARACTER EVALUATION

	Excellent	Good	Average	Below Average	Poor	No basis for judgment
Behavior						
Concern for others						
Integrity						
Maturity						
Relationship with peers						
Relationship with adults						
Responsibility						

Comments:

PARENTAL EVALUATION

	Excellent	Good	Average	Below Average	Poor	No basis for judgment
Cooperative						
Involvement						

Comments:



**Georgetown
Visitation**
PREPARATORY SCHOOL

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1. What are this student's strengths?

2. What are this student's weaknesses?

3. Please provide three adjectives to describe this student.

4. Please include any additional information that may influence this student's achievement in school.

Teacher Signature _____ Date _____