



ARCHDIOCESE OF BALTIMORE CATHOLIC HIGH SCHOOL REFERRAL FORM

Please send this completed two-page form, along with a copy of the student's academic record and standardized testing (Grades 6-8), to the schools noted in the student's High School Placement test registration no later than **December 14, 2018**. INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL and not become part of the applicant's permanent file.

Student's Full Name _____
Current School _____
Home Address _____
Telephone _____ Parent/Caregiver Alt. Telephone _____
Parish _____ Parent/Caregiver Email _____

STUDENT EVALUATION

What three words would you use to describe this child? _____
Math textbook(s) used this year _____

ACADEMIC ABILITY

Outstanding Above Average Average Below Average

Verbal Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's academic strengths and areas of growth.

CLASSROOM PERFORMANCE

Outstanding Above Average Average Below Average

Classroom Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Written Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's learning style, noting any discrepancies between academic ability and classroom performance.

PERSONAL ABILITIES

Outstanding Above Average Average Below Average

Maturity for Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity for Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student's social and emotional development.

SCHOOL BEHAVIOR

Motivation

Ability to Work in a Group

Ability to Work Independently

Response to Suggestions

Willingness to Seek Help

Attention Span

Respect of Others

Conduct

Outstanding

Above Average

Average

Below Average

Please comment on any noteworthy aspect of the child's school behavior.

STUDENT EVALUATIONPlease provide any information about special academic needs.

Please note any special attributes of this student that would help us better understand him/her (e.g., community service; English as a second language; special talent in arts or athletics; etc.)

Are there any special family circumstances that may have impacted the student's academic performance or behavior?

Please describe the parents'/caregivers' involvement in the student's education and/or school.

Student's Name _____ School _____

PRINCIPAL'S RECOMMENDATION (please check one) One of the Top Students I Have Encountered Recommend Highly Recommend Confidently Recommend Cannot Recommend Wish to provide more information

Name (please print) _____

Contact Telephone _____ Email _____

Has the family met all financial obligations to the school? Yes NoIs there any information about this child that would better be communicated by telephone? Yes No **Check here to have an Admissions Officer contact you directly**

Principal's Signature _____ Date of Signature _____