ST. JOHN LUTHERAN SCHOOL
4386 Mayfield Road, South Euclid, Ohio 44121
Phone: 216/381-8595

Letter of Recommendation

Parents: Please complete the top portion of this form and give it to your child's current teacher or school administrator with an addressed stamped envelope. Thank you.

Date: _____

Applicant's Name: _____ Grade Level: _____

School Presently Attending: _____ How Long: _____

Recommender's Name _____ Title: _____

The parents waive their right to see this completed form: ☐ Yes ☐ No

1. On the basis of Academic Promise (scholastic record and known ability):
   - ☐ I strongly recommend this student.
   - ☐ I recommend this student.
   - ☐ I recommend this student with reservation.
   - ☐ I do not recommend this student.

2. On the basis of character and general deportment:
   - ☐ I strongly recommend this student.
   - ☐ I recommend this student.
   - ☐ I recommend this student with reservation.
   - ☐ I do not recommend this student.

3. Character and personality rating:

	SUPERIOR	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	INFERIOR/ LACKING
Effort and Application to studies:	☐	☐	☐	☐	☐
Cooperation in school:	☐	☐	☐	☐	☐
Leadership:	☐	☐	☐	☐	☐
Participation in school activities	☐	☐	☐	☐	☐

We would greatly appreciate your remarks in this area especially if the student rating is below average or lower in any category.

4. Other information:

Is the student's attendance record unsatisfactory?	☐ Yes ☐ No
Any significant health or physical disabilities?	☐ Yes ☐ No
Any significant home condition likely to affect school performance?	☐ Yes ☐ No
Any significant behavior or personality problem?	☐ Yes ☐ No
Any outstanding talent?	☐ Yes ☐ No

If you answered "yes" to any question, please explain: _____

_____

(OVER)