



# 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 20, 2019**. 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.

\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_

**SCHOOL BEHAVIOR**

Outstanding      Above Average      Average      Below Average

Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work in a Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Seek Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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**STUDENT EVALUATION**

Please provide any information about special academic needs.

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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.)

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

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

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**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     No

Is 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 \_\_\_\_\_