

XAVIER HIGH SCHOOL

30 West 16th Street New York, NY 10011-6302

Tel: (212) 924-7900 Fax: (212) 924-0303 www.xavierhs.org

TEACHER RECOMMENDATION

Please complete and submit to Xavier High School by **December 1st**. Submit recommendation only if student is in 8th grade and if he has registered for the TACHS (Test for Admission into Catholic High Schools).



NAME OF APPLICANT _____

YOUR NAME _____

CLASSES TAUGHT _____

SCHOOL _____

TELEPHONE NUMBER _____

BOROUGH _____

How long have you known this student? _____ How many years have you been teaching? _____

What specific words describe this student well? _____

To what extent does the student...

	VERY MUCH	4	3	2	NOT AT ALL	1	Don't know
Exhibit excellent academic ability	5	4	3	2	1	1	Don't know
Exhibit excellent writing ability	5	4	3	2	1	1	Don't know
Exhibit high motivation	5	4	3	2	1	1	Don't know
Demonstrate openness to growth	5	4	3	2	1	1	Don't know
Act respectfully to peers & adults	5	4	3	2	1	1	Don't know
Help others	5	4	3	2	1	1	Don't know
Exhibit self-discipline	5	4	3	2	1	1	Don't know
Have a sense of humor	5	4	3	2	1	1	Don't know
Desire to attend Xavier High School	5	4	3	2	1	1	Don't know

Where does this student fall in relation to the entire class?

Academically	One of the top	Excellent	Above average	Average	Below average
Character/Personal Qualities	One of the top	Excellent	Above average	Average	Below average

(over please)

Please discuss this student's strengths and weaknesses (attach comments or letter if preferred):

I would like to speak further with someone from the Admissions Office about this applicant.

Signature

Date