



MOUNT
DE SALES
ACADEMY
FOR GIRLS

Standard Recommendation Form

Information on this form will be kept confidential and will not be a part of the student's permanent file.

Student's full name: _____

Current school: _____

Academic Qualities

	<i>Outstanding</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>No basis to judge</i>
Academic Ability	_____	_____	_____	_____	<input type="checkbox"/>
Verbal Ability	_____	_____	_____	_____	<input type="checkbox"/>
Mathematical Ability	_____	_____	_____	_____	<input type="checkbox"/>
Writing Ability	_____	_____	_____	_____	<input type="checkbox"/>
Creative Ability	_____	_____	_____	_____	<input type="checkbox"/>
Ability to Work	_____	_____	_____	_____	<input type="checkbox"/>
Study Habits	_____	_____	_____	_____	<input type="checkbox"/>
Preparation for Class	_____	_____	_____	_____	<input type="checkbox"/>
Participation in Discussions	_____	_____	_____	_____	<input type="checkbox"/>
Oral Expression	_____	_____	_____	_____	<input type="checkbox"/>
Follows Directions	_____	_____	_____	_____	<input type="checkbox"/>
Uses Suggestions/Corrections	_____	_____	_____	_____	<input type="checkbox"/>
Seeks Help when Needed	_____	_____	_____	_____	<input type="checkbox"/>
Self-Motivation	_____	_____	_____	_____	<input type="checkbox"/>
Attention Span	_____	_____	_____	_____	<input type="checkbox"/>
Intellectual Curiosity	_____	_____	_____	_____	<input type="checkbox"/>
Ability to Grasp New Concepts	_____	_____	_____	_____	<input type="checkbox"/>
Academic Achievement	_____	_____	_____	_____	<input type="checkbox"/>

Personal Qualities

	<i>Outstanding</i>	<i>Good</i>	<i>Average</i>	<i>Below Average</i>	<i>No basis to judge</i>
Maturity for Grade	_____	_____	_____	_____	<input type="checkbox"/>
Maturity for Age	_____	_____	_____	_____	<input type="checkbox"/>
Perseverance	_____	_____	_____	_____	<input type="checkbox"/>
Self-Confidence	_____	_____	_____	_____	<input type="checkbox"/>
Peer Social Adjustment	_____	_____	_____	_____	<input type="checkbox"/>
Consideration for Others	_____	_____	_____	_____	<input type="checkbox"/>
Integrity	_____	_____	_____	_____	<input type="checkbox"/>
Conduct	_____	_____	_____	_____	<input type="checkbox"/>
Parental Support	_____	_____	_____	_____	<input type="checkbox"/>

Please circle the words that describe this student:

aggressive	loner	restless	assertive	motivated
irresponsible	confident	honest	popular	cheerful
overprotected	vivacious	kind	positive leader	dishonest
disobedient	compassionate	organized	manipulative	talkative
humorous	easily frustrated	social	anxious	quiet
self-centered	responsible	reserved	easily discouraged	<i>Other:</i>
impulsive	follower	perfectionist	passive	_____
passive-resistant	energetic	conscientious	distractible	_____
self-disciplined	negative leader	irritable	articulate	_____

Please provide any information about special academic needs.

Please note any special attributes of this student that would help us to better understand her.

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

Recommendation (check one): One of the top students I have encountered Recommend highly

Recommend confidently Recommend Cannot recommend Wish to provide more info

Has the family met all financial obligations to the school? Yes No N/A I don't know

Is there any information about this child that would be better communicated by telephone? Yes No

Signature of recommender: _____ Date: _____

Name of recommender (please print): _____

Position at school: _____

Telephone number: _____ Email: _____

At least two Standard Recommendation Forms are required per applicant. Completed form(s) should be sent **directly** to Mount de Sales Academy by school/recommender (**not** the applicant's family).

School Official: Please send completed form(s) with the student's academic records to:
 Mount de Sales Academy | Director of Admissions | 700 Academy Road | Catonsville, MD | 21228

If the recommender is sending this form separately from records: Please mail to the above; scan and email to admissions@mountdesales.org; or fax to Director of Admissions at 410.747.5105.