



ARCHDIOCESE OF BALTIMORE CATHOLIC HIGH SCHOOL REFERRAL FORM

Please send this completed form, along with a copy of the student's academic record and standardized testing (Grades 6-8), to the high school(s) the student is applying to no later than **December 20, 2024**.

INFORMATION ON THIS FORM WILL REMAIN CONFIDENTIAL and not become part of the applicant's permanent file.

Student's Full Name _____

Current School _____ Parish _____

Phone: _____ Email: _____

I have known this student for ___ years, ___ months. Attendance is ___ regular, ___ not regular.

What three words would you use to describe this child?

ACADEMIC ABILITY	Outstanding	Above Average	Average	Below Average	Unsatisfactory
Verbal Ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ability to Grasp New Concepts	<input type="checkbox"/>	<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	Unsatisfactory
Classroom Achievement	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Writing Mechanics	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<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"/>	<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	Unsatisfactory
Maturity for Grade	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

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

SCHOOL BEHAVIOR

Outstanding

Above Average

Average

Below Average

Unsatisfactory

Motivation

Ability to Work in a Group

Ability to Work Independently

Response to Suggestions

Willingness to Seek Help

Attention Span

Respect of Others

Conduct

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

Please select the words that describe this student:

aggressive

conscientious

easily frustrated

irritable

overprotected

restless

anxious

dishonest

follower

kind

passive

self-centered

articulate

disobedient

honest

loner

passive-resistant

self-disciplined

assertive

distractible

humorous

manipulative

perfectionist

social

cheerful

distracting

impulsive

motivated

popular

vivacious

compassionate

energetic

independent

negative leader

positive leader

well-liked

confident

easily discouraged

irresponsible

organized

responsible

other_____

STUDENT EVALUATION

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.

OVERALL 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 of Teacher that Admissions Office can contact for additional feedback:

Subject(s) Taught:

Signature _____ Date _____

Contact Telephone _____ Email _____

Has the family met all financial obligations to the school? Yes No

Check here to have an Admissions Officer contact you directly

Principal's Signature

Date of Signature