



# SCHOOL RECOMMENDATION - English Teacher

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

**STUDENT** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Excellent      1= Poor      UTJ= Unable To Judge)

- |  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| 1. Command of the English language - Written       | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Command of the English language - Spoken        | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Reading Comprehension                           | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Attentiveness / generally engaged in class      | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Diligence in completing work                    | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Test taking ability                             | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 8. Respectful to others                            | 1 | 2 | 3 | 4 | 5 | UTJ |

Does this student have any special academic needs? Yes    No  
 If yes, what have you done to assist the student?

Do you recommend this student for acceptance to MELHS? Yes    No

Do you recommend this student for \_\_\_ regular English or \_\_\_ honors English?

Do you request for this recommendation to be kept confidential? Yes    No  
 If no, this information may be discussed with the student and family.

*Please use the back of this form to give any additional comments that would help us in understanding this student.*

Your Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School \_\_\_\_\_

Please complete and return this form to:  
 Metro-East Lutheran High School  
 6305 Center Grove Rd  
 Edwardsville, IL 62025  
 Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!



