

# Teacher Recommendation

Please complete and return this form by **December 1st** to: Admission Office  
**NOTRE DAME ACADEMY** 425 Salisbury Street / Worcester, MA 01609-1299  
508-757-6200 / Fax 508-757-1888 / *Your prompt response is appreciated.*

NDA Applicant \_\_\_\_\_  
PLEASE PRINT

School \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Date \_\_\_\_\_

Subject: English/Math/Science/Language/Other \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Please comment on student's attitude and performance in class

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(use other side for additional comments)*

	OUTSTANDING	EXCELLENT	GOOD	FAIR	POOR
Ability to pursue college prep curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>