



FLINTRIDGE  
SACRED HEART  
ACADEMY

# ACADEMIC REFERENCE: ENGLISH

Admissions Phone: (626) 685-8333

Fax: (626) 685-8520

Applicant's Name: \_\_\_\_\_  
First Middle Last

*Please Print*

Current School \_\_\_\_\_ City \_\_\_\_\_  
Applying for Grade \_\_\_\_\_

**To the Applicant:** Please enter above your name, school, city and grade for which you are applying. Give this form to your English teacher with an envelope (please attach stamp) addressed to **FSHA, 440 St. Katherine Drive, La Cañada Flintridge, CA 91011.**

**Teacher:** This form will be reviewed only by the Admissions Committee and, if accepted, by the student's first-year English teacher. It will not become part of her cumulative folder. Thank you for your time in preparing this report. Your carefully considered evaluation will have a significant bearing on our decision. **REFERENCES ARE DUE BY FEBRUARY 1, 2011.** (For boarding applicants, please forward as soon as possible)

If this student is accepted and enrolls for the following school year, we will request her June report card grades as a final determinant.

Student Rating	Excellent	Good	Average	Below Average	Poor
Reading comprehension	___	___	___	___	___
Grammar	___	___	___	___	___
Writing skills	___	___	___	___	___
Creativity	___	___	___	___	___
Academic potential	___	___	___	___	___
Academic achievement	___	___	___	___	___
Initiative and leadership	___	___	___	___	___
Motivation	___	___	___	___	___
Work and study habits	___	___	___	___	___
Classroom participation	___	___	___	___	___
Classroom conduct/attitude	___	___	___	___	___
Relationships with teacher	___	___	___	___	___
Relationships with peers	___	___	___	___	___
Respect for property	___	___	___	___	___
Attendance record	___	___	___	___	___

Please rate parental expectations of student  realistic  unrealistic  unknown  
Please rate level of parental cooperation  enthusiastic  cooperative  unknown

**Recommendation:**  
**Academically** (check one) \_\_\_ I highly recommend this student \_\_\_ I recommend this student  
\_\_\_ I recommend this student with reservations \_\_\_ I do not recommend this student  
**As a Person** (check one) \_\_\_ I highly recommend this student \_\_\_ I recommend this student  
\_\_\_ I recommend this student with reservations \_\_\_ I do not recommend this student

Comments: \_\_\_\_\_

If you prefer to speak to us by telephone, please provide us with the following information:

Telephone number: \_\_\_\_\_ Best time to call you: \_\_\_\_\_

You may also email the Director of Admissions at [lcastellano@fsha.org](mailto:lcastellano@fsha.org).

Signature \_\_\_\_\_ Position or Title \_\_\_\_\_

Your Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)