



FLINTRIDGE
SACRED HEART
ACADEMY

ACADEMIC REFERENCE: MATH

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 math 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 math 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 |
|----------------------------|-----------|------|---------|---------------|------|
| Computation skills | ___ | ___ | ___ | ___ | ___ |
| Conceptual skills | ___ | ___ | ___ | ___ | ___ |
| 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 | ___ | ___ | ___ | ___ | ___ |

Math Course Title: _____ Textbook Used: _____

Please rate parental expectations of student realistic unrealistic unknow
 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.

Signature _____ Position or Title _____

Your Name _____ Date _____
 (Please Print)