

9401 Starcrest Drive San Antonio, TX 78217 Ph: (210) 483-9234 Fx: (210) 655-5211 www.smhall.org

Extracurricular Recommendation Form

To be completed by the applicant's designated recommender and emailed or mailed directly to Saint Mary's Hall.

Candidate's Full Name: _	First	Middle	Last	Applying for Grade:
To the Parent/Guardian	: Please read and sign	n the following statement b	efore giving this fo	orm to your child's teacher.
admission to Saint Mar	y's Hall and will not	become part of the appli	icant's permanent	in the selection of candidates for file. I also understand that the admission Committee. I waive any
Parent or Guardian:			Date:	
candidate's academic and and will be used only in the	personal qualities whee selection of candic	hen making its admission d	lecisions. The info part of the candid	y's Hall. The school considers both a prmation you provide is confidential ate's permanent file and will not be or your records.
How long have you known	n this candidate?			
In what capacity do you kn	now this candidate? _			
		candidate? How long has he candidate received any hor		ed? What level of skill and/or in this activity?
2. How would you descri	ibe the candidate's wo	ork ethic, self-esteem, and p	personal resilience	?
3. How well does the car	ndidate respond to cri	ticism and advice? How do	es he/she respond	to setbacks?
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Candidate's Name:			Applying for Grade:						
4. What else would you like us to know about this candidate?									
									
					 				
									
	We would appre	ciate your observa	tions in the following	g areas:					
	POOR	AVERAGE	GOOD	EXCELLENT (TOP 10% OF CLASS)	ONE OF THE TOP FEW ENCOUNTERED IN MY CAREER				
Talent in this Area									
Dedication									
Concern for Others									
Leadership Skills									
Standards for Personal Integrit	у								
Respect Accorded by Peers									
Maturity									
Cooperation									
Adult Relations									
Overall Recommendation I recommend this candidate:									
☐ Enthusiastically ☐	☐ Confidently ☐ R	ecommend	☐ With Reservation	☐ Do Not Recommend					
Name and Title:									
Organization Name and Addre									
Phone: ()									
Email:									
			Data						
Signature:			Date:						

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the student's application and are very helpful to the Admission Committee. When completed, please send this form <u>directly</u> to the Office of Admission.

Please <u>do not</u> give a completed form back to the candidate or his/her parents.

Mailing Address: 9401 Starcrest Drive, San Antonio, TX 78217

Email: admission@smhall.org