Secondary Schools of the Oakland Diocese

Recommendation Form for Students attending Catholic or Public/Private/Independent Schools

PRINCIPAL/COUNSELOR RECOMMENDATION FORM
DUE DATE: Friday, February 2, 2018

Student's Name:_____ Current School: _____

Grades Attended:_____ Previous School if applicable for Grades 5-8 only: _____

PRINCIPAL/COUNSELORS: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

STUDENT EVALUATION

QUALITIES: ACADEMIC	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Demonstrates good study habits/skills						
Is able to focus in class						
Is self-motivated and can work independently						
Ability to organize and communicate ideas						
Motivation/perseverance in spite of difficulty						
Intellectual Curiosity						
Critical and abstract thinking skills						
Attendance						
Behavior/conduct						

QUALITIES: PERSONAL/SOCIAL SKILLS	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Exhibits emotional maturity						
Is respected by peers						
Leadership						
Reaction to criticism						
Concern for others						
Personal conduct/citizenship						
Demonstrates integrity/honesty						
Takes responsibility						
Ability to work cooperatively/relates well with others						

FAMILY AND HIGH SCHOOL READINESS	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Readiness for college prep curriculum						
Parent support of child's teachers and school policies						
Parent financial obligations, if any						

PRINCIPAL COMMENTS:

PRINCIPAL RECOMENDATION	HIGHLY	CONFIDENTLY	MODERATELY	RECOMMDENDED WITH RESERVATION	NOT RECOMMENDED
This student is recommended: (check one)					

Signed: Position: Dated

☐ IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time):

This recommendation form will NOT become part of the applicant's permanent record and remains strictly confidential.
The applicant's parents have authorized completion of this form and waiver their right to access it.

Secondary Schools of the Oakland Diocese

Recommendation Forms for Students attending Catholic or Public/Private/Independent Schools

ENGLISH TEACHER RECOMMENDATION FORM

DUE DATE: Friday, February 2, 2018

Student's Name:_____ Current School: _____

Grades Attended:_____ Previous School if applicable for Grades 5-8 only: _____

ENGLISH TEACHER: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

STUDENT EVALUATION

QUALITIES: ACADEMIC	EXCELLENT	BETTER THAN AVERAGE	AGE APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Demonstrates good study habits//organization						
Attentiveness: able to focus in class						
Self-motivation and can work independently						
Organization preparation for class						
Motivation/perseverance in spite of difficulty						
Attendance						
Behavior/Conduct						

PERSONAL/SOCIAL SKILLS	EXCELLENT	BETTER THAN AVERAGE	AGE APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Exhibits emotional maturity						
Is respected by peers						
Leadership						
Reaction to criticism						
Demonstrates integrity/honesty						
Works cooperatively/relates well with others						

COMMUNICATION SKILLS	EXCELLENT	BETTER THAN AVERAGE	AGE APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Ability to express ideas verbally						
Composition and writing ability						
Grammar/vocabulary skills						
Imagination and creativity						
Reading and comprehension						
Ability matches performance						
Any accommodations/modification/resource services provided for this student?	☐ Yes	☐ No	☐ Documented		☐ Undocumented	

TEACHER COMMENTS (Additional comments are welcome)**:**

TEACHER RECOMENDATION	YES, WITH ENTHUSIASUM	YES, WITH CONFIDENCE	YES	MAYBE	I WOULD NOT
Would you want this student in your class again?					

Signed: Position: Dated

☐ IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time):

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Secondary Schools of the Oakland Diocese

Recommendation Forms for Students attending Catholic or Public/Private/Independent Schools

MATHEMATICS TEACHER RECOMMENDATION FORM

DUE DATE: Friday, February 2, 2018

Student's Name:_____ Current School: _____

Grades Attended:_____ Previous School if applicable for Grades 5-8 only:_____

MATHEMATICS TEACHER: YOU ARE ASKED TO FILL OUT ONLY ONE RECOMMENDATION PER STUDENT.

Thank you for your time and candor. Your comments are very important to us.

PLEASE SEND TO SCHOOL/S CHECKED ON THE RELEASE FORM. PLEASE DO NOT GIVE TO STUDENT OR PARENT/GUARDIAN.

STUDENT EVALUATION

QUALITIES: ACADEMIC	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Demonstrates good study habits//organization						
Attentiveness: able to focus in class						
Self-motivation and can work independently						
Organization preparation for class						
Motivation/perseverance in spite of difficulty						
Attendance						
Behavior/Conduct						

PERSONAL/SOCIAL SKILLS	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Exhibits emotional maturity						
Is respected by peers						
Leadership						
Reaction to criticism						
Demonstrates integrity/honesty						
Works cooperatively/relates well with others						

MATHEMATICAL SKILLS	EXCELLENT	BETTER THAN AVERAGE	AGE-APPROPRIATE	NEEDS IMPROVEMENT	EXPERIENCES DIFFICULTY	NO OPPORTUNITY TO OBSERVE
Mastery and retention of basic math skills						
Problem solving and reasoning ability						
Reasoning and abstract thinking skills						
Understanding of underlying math ideas/concepts						
Ability matches performance						
Math level student is currently taking (check)	☐Basic 8 Math	☐Accl 8 Math	☐Pre-Algebra	☐Algebra	☐Algebra Honors	☐Geometry
Math placement recommendation for this student (check)	☐Algebra	☐Algebra Honors	☐Geometry	☐Geometry Honors	☐Algebra 2/Trig	☐Other:_____
Any accommodations/modification/resource services provided for this student?	☐ Yes	☐ No	☐ Documented		☐ Undocumented	

TEACHER COMMENTS (Additional comments are welcome)**:**

TEACHER RECOMENDATION	YES, WITH ENTHUSIASUM	YES, WITH CONFIDENCE	YES	MAYBE	I WOULD NOT
Would you want this student in your class again?					

Signed: Position: Dated

☐ IF THIS BOX IS CHECKED, PLEASE CALL ME (best number and time):

This recommendation form will not become part of the applicant's permanent record and remains strictly confidential.
The applicant's parents have authorized completion of this form and waiver their right to access it.

Secondary Schools of the Oakland Diocese
Transcript & Academic Information & Authorization Release 2018-2019

DUE DATE: FRIDAY, FEBRUARY 2, 2018 **SEND DIRECTLY TO SCHOOLS CHECKED BELOW**

INSTRUCTIONS TO THE PARENT/GUARDIAN

If your child is applying to an Oakland Diocesan high school(s), copies of your child's academic record (grades) and standardized test scores for the past two years need to be sent to the high schools for evaluation purposes.
Please follow the steps below:

1. PRINT your child's name and school information.
2. SIGN and date the Academic Request and Release Authorization.
3. DESIGNATE below, by checking the boxes, the high schools in which your child has already submitted an application.
4. SUBMIT this form to your child's current school.

ACADEMIC REQUEST & RELEASE AUTHORIZATION

As parent or guardian of the above-named student, I hereby request and authorize you to release my child's academic records, standardized test scores, recommendations, and any disciplinary incidents and/or action to the high schools checked below for the purpose of evaluating my child's application for admission. This information may be released from this date forward until June 30th, 2018. I understand and agree that this recommendation is confidential and may not be transmitted, viewed, or otherwise read by the applicant or the applicant's parent/guardian. The recommendations will be used only in the admissions process and will not become part of the student's permanent record. If this student is admitted to one of the high schools indicated, a request for a final transcript may be requested at the end of the current school year. I understand and agree that the high schools I indicated below may share my child's HSPT score with administrators at the Diocesan and grade school levels only.

PARENT/GUARDIAN PRINTED NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

SIGNATURE DATE: _____

STUDENT NAME: _____

INSTRUCTIONS TO THE SCHOOL REGISTRAR OR SCHOOL OFFICE:

1. The student named above has applied for admission to the below-indicated high school(s).
2. Please send copies of the above-named student's report card(s) for seventh and eighth grade. If students receive narrative academic reports rather than letter grades, please submit only eighth grade narrative reports.
3. Please send a copy of the student's seventh and eighth grade standardized test scores if available.
4. Recommendation letters are also requested of the Principal/Counselor, Math, and English teachers. These administrators and teachers are asked to complete only one recommendation per student. Your school office may choose to compile all of the recommendation forms for each student, make copies, and send them together in one packet to each of the high school(s) requested. You may do this by email, fax, or US mail. Please see the individual high school contact information below to send to the appropriate location(s).

Thank you for your time and assistance.
The applicant's parents have authorized the release of this information above and waived their right to access it.

PLEASE SEND THE REQUESTED INFORMATION TO THE FOLLOWING SCHOOL(S):

Parent/Guardian, please check box for school(s) your child has already submitted an application

- ☐ Bishop O'Dowd High School • admissions@bishopodowd.org • 9500 Stearns Ave • Oakland, CA 94577 • 510-553-8631 • Fax: 510-553-8634
- ☐ Carondelet High School • jmix@carondeleths.org • 1133 Winton Drive • Concord, CA 94518 • 925-686-5353 • Fax: 925-671-9429
- ☐ De La Salle High School • granthamj@dlshs.org • 1130 Winton Drive • Concord, CA 94518 • 925-288-8102 • Fax: 925-686-3474
- ☐ Holy Names High School • admissions@hnhsoakland.org • 4660 Harbord Drive • Oakland, CA 94618 • 510-450-1110 • Fax: 510-547-3111
- ☐ Moreau Catholic High School • admissions@moreaucatholic.org • 27170 Mission Blvd. • Hayward, CA 94544 • 510-881-4320 • Fax: 510-581-5669
- ☐ Saint Joseph Notre Dame High School • egraybeal@sjnd.org • 1011 Chestnut Street • Alameda, CA 94501 • 510-995-9458 • Fax: 510-814-7118
- ☐ Saint Mary's High School • lyaris@stmchs.org • 1294 Albina Ave • Berkeley, CA 94706 • 510-559-6240 • Fax: 510-559-6277
- ☐ Salesian College Preparatory • ckarabinis@salesian.com • 2851 Salesian Ave • Richmond, CA 94804 • 510-234-4433 • Fax: 510-236-4636

OTHER: _____