

Destiny High School • 7246 North 76th Street • Milwaukee, WI 53223
 Phone: 414.353.4430 • Fax: 414.353.4450 • www.destinyhigh.com

Teacher Recommendation Form

Date: _____

Student Name: _____ **School:** _____

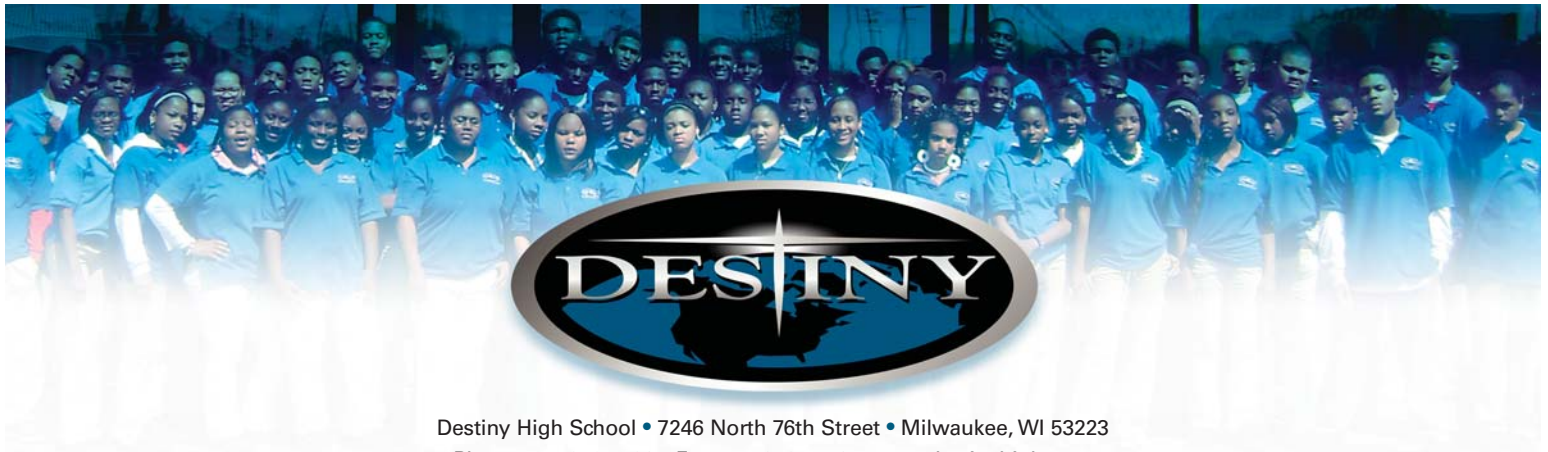
Teacher Name: _____ **School Phone:** _____

Please rank the student's academic ability according to:

	1=excellent	2=above average	3=average	4=below average	5=poor
English/Grammar	1	2	3	4	5
Math	1	2	3	4	5
Reading	1	2	3	4	5
Motivation	1	2	3	4	5
Enthusiasm	1	2	3	4	5
Conduct	1	2	3	4	5
Study Habits	1	2	3	4	5

Comments/Observations (back side of form can be used for additional comments): _____

Teacher signature: _____ **Date:** _____



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Clergy Recommendation Form

Date: _____

Student Name: _____ Church/Parish: _____

Clergy (please include title): _____ Phone: _____

Please rank the student's ability according to:

	1=excellent	2=above average	3=average	4=below average	5=poor
Respectful	1	2	3	4	5
Honest	1	2	3	4	5
Trustworthy	1	2	3	4	5
Self-motivated	1	2	3	4	5
Dependable	1	2	3	4	5
Independent	1	2	3	4	5
Committed	1	2	3	4	5

Comments/Observations (back side of form can be used for additional comments): _____

Clergy signature: _____ Date: _____