



THE SAN MIGUEL SCHOOL

525 Branch Ave., Providence, RI 02904
Phone: 401-467-9777 Fax: 401-785-4976

****Teachers MUST return this form to San Miguel through mail or fax.****

I give permission to my son's teacher or counselor to complete the following recommendation form:

Parent Name: _____ Parent Phone Number: _____

Parent Signature: _____ Date: _____

Student's name: _____

Present School: _____ Present grade: _____

TEACHER/COUNSELOR RECOMMENDATION FORM

The student named above has applied for admission to **THE SAN MIGUEL SCHOOL**. Please return this form to San Miguel via mail or fax. Your recommendation is an important consideration for this student's admission.

THE SAN MIGUEL SCHOOL is an Independent middle school for boys in Providence and other communities in Rhode Island. Serving an ethnically diverse population of boys from low-income families, San Miguel provides a structured and caring environment for its students. Each San Miguel student is encouraged to learn, to serve and to grow to the best of his ability.

Would you please rate this student on the criteria listed below by circling the appropriate number. If you have no basis for evaluating the student in a particular category, please circle "nb."

How long have you known this student? _____ In what capacity? _____

Does the student currently receive Special Ed services? _____ In what area? _____

	NB	Weak	Average	Good	Outstanding
Ability	nb	1	2	3	4
Achievement	nb	1	2	3	4
Curiosity	nb	1	2	3	4
Behavior	nb	1	2	3	4
Motivation	nb	1	2	3	4
Responsibility	nb	1	2	3	4
Ability to get along with adults	nb	1	2	3	4
Ability to get along with peers	nb	1	2	3	4

If you feel it is necessary to add any additional information about this student or to clarify one of the above ratings, please do so on the back of this form. Thank you for your time and consideration.

Name (please print): _____ Position: _____

Signature: _____ Date: _____

Phone number: _____ E-mail: _____