

**JESUIT HIGHER ACHIEVEMENT PROGRAM
XAVIER HIGH SCHOOL**

30 West 16th Street New York, NY 10011
Tel: (212) 924-7900 Fax: (212) 924-0303 www.xavierhs.org

RECOMMENDATION

Please complete and submit to Xavier High School by April 6. Submit recommendation only if applicant is in 7th grade and committed to full participation.

Name of Applicant _____

Your Name _____

How do you know this applicant and for how long have you known him? _____

What specific words describe this applicant well? _____

To what extent does the applicant...

	Very Much				Not At All		
	5	4	3	2	1		I don't know
<u>Exhibit excellent academic ability</u>	5	4	3	2	1		I don't know
<u>Exhibit excellent writing ability</u>	5	4	3	2	1		I don't know
<u>Exhibit high motivation to succeed</u>	5	4	3	2	1		I don't know
<u>Demonstrate leadership ability</u>	5	4	3	2	1		I don't know
<u>Demonstrate openness to growth</u>	5	4	3	2	1		I don't know
<u>Exhibit self-discipline</u>	5	4	3	2	1		I don't know
<u>Act respectfully to peers & adults</u>	5	4	3	2	1		I don't know
<u>Want to attend HAP</u>	5	4	3	2	1		I don't know

Where does this applicant fall in relation to his peers?

Academically	One of the top	Excellent	Above Average	Average	Below Average
Character/Leadership	One of the top	Excellent	Above Average	Average	Below Average

