



529 East Liberty Street, Louisville, KY 40202-1107
Phone 502-855-3300

Student's Name: _____ How long have you known this student? _____

In what capacity? _____

Student's Current School: _____

Recommending Teacher's Name & Position _____

or Recommending Administrator/Counselor's Name & position _____

Phone # if you are available to speak with Nativity Academy representative about applicant _____

	Always	Most times	Some- times	Never	N/A
Does he/she work to his/her ability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she complete his/her assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she organize him/herself and his/her school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she have to be prodded to perform to minimum expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she come to class prepared with pen, pencil, paper and books?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she respect and get along with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student's behavior affect the teacher's ability to teach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student's behavior affect other students' ability to learn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Always	Most times	Some- times	Never	N/A
Does he/she respect and get along with peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she show concern for others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does he/she show positive leadership abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you believe this young person would benefit from a school that utilizes an extended day model, high expectations, and a faith-based environment to prepare students for rigorous college preparatory secondary schools?

Does this student participate in any pull-out program or receive any academic assistance other than in the regular classroom? None ☐ Yes ☐ Please describe. _____

Please describe an experience you have had with this child that demonstrates his/her academic and social behaviors. _____

How does the student's behavior compare with other students of his/her age? Is the behavior age appropriate but excessive or inappropriate for a student of this age?

Please add any explanation, clarification, or comments you think might be helpful in assessing this student's potential for success at Nativity Academy at St. Boniface:

Recommending Signature _____ Date _____

Please return this form and any additional commentary via mail or email:
nativity529@nativityacademy.org by March 15.

Thank you kindly for your time and candor,
 Roni Witherspoon, Principal
apeavler@nativityacademy.org