

Confidential Teacher Recommendation

Applicant's Name: _____
has applied for admission to Mount de Chantal Visitation Academy. Your insight and evaluation will be extremely helpful as we consider the application. Please complete this form and return it directly to:

Office of Admissions
Mount de Chantal Visitation Academy
410 Washington Avenue
Wheeling, WV 26003
Fax: 304-233-8598

Teacher's Name _____

Address _____

Phone Number _____

How long have you known the applicant?

In what capacity? _____

ACADEMIC AND PERSONAL EVALUATION OF THE APPLICANT
(Please answer using the back of this form or a separate sheet of paper)

Ability & Achievement _____

Effort & Initiative _____

Academic Strengths _____

Academic Weaknesses _____

Maturity _____

Relation to Peers & Adults _____