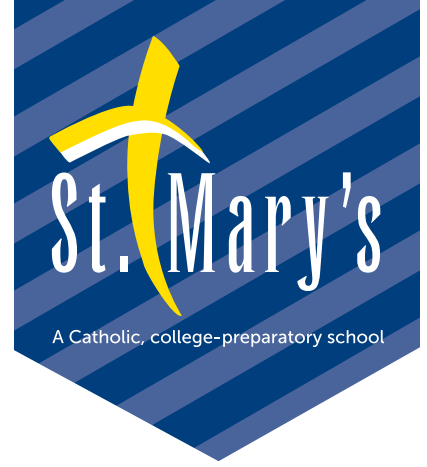


# Transcript Release

*Shaping authentic men and women of talent and faith*



## PLEASE SIGN AND SEND THIS RELEASE FORM TO CURRENT SCHOOL

To: \_\_\_\_\_  
NAME OF CURRENT SCHOOL

Re: \_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY OR TOWN STATE ZIP

\_\_\_\_\_  
DATE OF BIRTH

I GIVE MY PERMISSION TO RELEASE ALL SCHOOL RECORDS, INCLUDING TEACHERS' REPORTS, ALL ACHIEVEMENT AND APTITUDE TEST SCORES, ALL TESTING RESULTS AND EVALUATIONS AND ANY OTHER PERTINENT INFORMATION TO THE ADMISSION OFFICE AT ST. MARY'S LYNN.

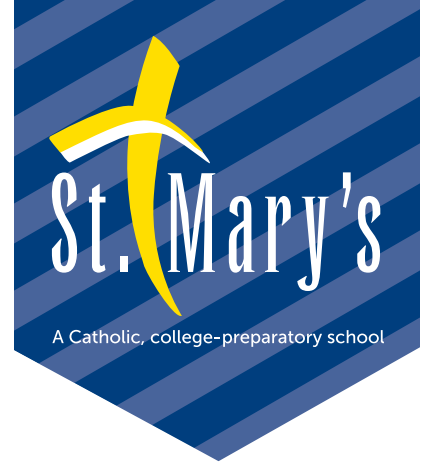
\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

*St. Mary's Lynn is committed to achieving full equal opportunity in all aspects of a student's life. St. Mary's does not discriminate on the basis of gender, race, ethnicity, national origin in the administration of education policies, admissions policies, scholarship and tuition assistance, athletics and other school-administrated programs.*

## PLEASE RETURN TO THE ADMISSION OFFICE BY JAN. 1

St. Mary's Lynn, 35 Tremont Street, Lynn, MA 01902

# Principal or Guidance Counselor Recommendation



**PLEASE RETURN TO THE ADMISSION OFFICE BY JAN. 1**

St. Mary's Lynn, 35 Tremont Street, Lynn, MA 01902

NAME OF APPLICANT

APPLICANT TO GRADE

DATE

1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY?

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2. WHAT THREE WORDS WOULD YOU CHOOSE TO BEST DESCRIBE THE APPLICANT?

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3. PLEASE ASSESS THE APPLICANTS ACADEMIC SKILLS—READING AND WRITING, INTELLECTUAL CURIOSITY, ORGANIZATION, INITIATIVE AND ABILITY TO COMPLETE HOMEWORK:

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4. PLEASE ASSESS THE APPLICANT'S CHARACTER—MATURITY, SENSE OF RESPONSIBILITY, RESPECT FOR OTHERS, STABILITY AND INTEGRITY:

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5. PLEASE ASSESS THE APPLICANT'S SPECIAL TALENTS, EXTRACURRICULAR ACTIVITIES, POSITIONS OF LEADERSHIP AND COMMUNITY SERVICE ACTIVITIES:

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6. PLEASE COMMENT ON THE COOPERATION RECEIVED FROM PARENTS:

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7. IN CONSIDERATION OF ALL THE AVAILABLE EVIDENCE, PLEASE RATE THE CANDIDATE:

ACADEMIC PROMISE	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent—Top 10%
CHARACTER	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent—Top 10%
OVERALL RATING	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average	<input type="checkbox"/> Excellent—Top 10%

8.  I recommend the applicant.  
 I recommend the applicant with reservation for the following reason:

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PLEASE INCLUDE DISCIPLINARY REPORTS IF APPLICABLE.

SIGNATURE

DATE

NAME

POSITION

SCHOOL

SCHOOL PHONE

SCHOOL ADDRESS

CITY

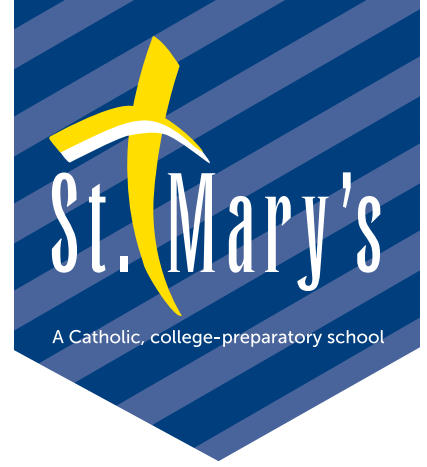
STATE

ZIP

*Thank you for assisting St. Mary's Lynn. Your thoughtful comments play a vital role in giving the Admission Committee insight into students' academic and personal qualities.*

# English Teacher Recommendation

*Shaping authentic men and women of talent and faith*



**PLEASE RETURN TO THE ADMISSION OFFICE BY JAN. 1**

St. Mary's Lynn, 35 Tremont Street, Lynn, MA 01902

NAME OF APPLICANT

APPLICANT TO GRADE

DATE

1. HOW LONG HAVE YOU KNOWN THIS APPLICANT AND IN WHAT CONTEXT? PLEASE LIST COURSE YOU HAVE TAUGHT THEM AND THE LEVEL OF COURSE DIFFICULTY—ACCELERATED, HONORS, REGULAR, ETC.

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2. WHAT THREE WORDS WOULD YOU CHOOSE TO BEST DESCRIBE THE APPLICANT?

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3. PLEASE INDICATE THE APPLICANT'S PERFORMANCE IN THE FOLLOWING AREAS:

<b>VOCABULARY</b>	ORAL	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	WRITTEN	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
<b>READING</b>	SPEED	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	ACCURACY	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	CAPACITY FOR DRAWING APPROPRIATE INFERENCES	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
<b>WRITING</b>	ABILITY TO MOVE FROM LITERAL TO FIGURATIVE INTERPRETATIONS	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	SENTENCE STRUCTURE	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	CLARITY OF STYLE	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	ABILITY TO ORGANIZE IDEAS IN A LOGICAL SEQUENCE	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	SPELLING	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
	PUNCTUATION	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level

4. PLEASE DISCUSS THE APPLICANT'S OVERALL PERFORMANCE IN RELATION TO THEIR ABILITY:

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5. HAS THE APPLICANT EVER NEEDED OR RECEIVED TUTORING? IS THERE ANY REASON TO SUSPECT A LEARNING STYLE DIFFERENCE?

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6. DESCRIBE THE APPLICANT'S CLASS PARTICIPATION AND WORKING RELATIONSHIP WITH

A. OTHER STUDENTS \_\_\_\_\_

\_\_\_\_\_

B. ADULTS \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC EVALUATION**

PLEASE SHARE THE MOST ACCURATE DESCRIPTION OF THE APPLICANT.

- ACADEMIC POTENTIAL       Limited       Fair       Average       Good       Outstanding
- EFFORT & PERSEVERANCE       Does very little       Some desire       Well motivated       Sets high goals       Perseveres under pressure
- STUDY HABITS       Poor       Fair       Good       Excellent
- ABILITY TO WORK INDEPENDENTLY       Needs much supervision       Needs help frequently       Needs help occasionally       Always works well
- USE OF TIME       Uses poorly       Occasionally wastes       Usually uses well       Always uses effectively
- CREATIVITY & ORIGINALITY       Tends to follow       Occasional spark       Generates own ideas       Unusually original

**PERSONAL EVALUATION**

PLEASE SHARE THE MOST ACCURATE DESCRIPTION OF THE APPLICANT.

- INTEGRITY & HONESTY       Cannot be trusted       Questionable       Usually trustworthy       Highly developed
- SOCIAL ADJUSTMENT WITH PEERS       Serious problems       Loner       Friendly       Leader       Peacemaker
- CLASSROOM CONDUCT       Troublemaker       Occasionally disrupts       Dominates       Usually good       Always good
- EMOTIONAL STABILITY       Insecure       Overly tense       Attention getter       Stable
- FULFILLS RESPONSIBILITIES       Rarely       Sometimes       Usually       Always

ADDITIONAL COMMENTS ON THIS APPLICANT'S CHARACTER, PERSONALITY—SENSE OF HUMOR, ENTHUSIASM, STRENGTHS AND WEAKNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THE PARENTS SUPPORTIVE OF YOU AS A TEACHER? PLEASE COMMENT ON THE COOPERATION RECEIVED FROM PARENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT.**

TEACHER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

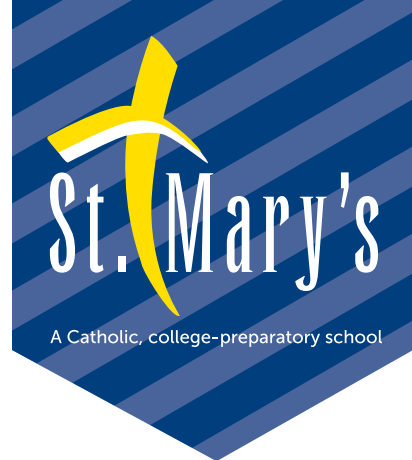
SCHOOL \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# Math Teacher Recommendation

*Shaping authentic men and women of talent and faith*



**PLEASE RETURN TO THE ADMISSION OFFICE BY JAN. 1**

St. Mary's Lynn, 35 Tremont Street, Lynn, MA 01902

NAME OF APPLICANT

APPLICANT TO GRADE

DATE

1. HOW LONG HAVE YOU KNOWN THIS APPLICANT AND IN WHAT CONTEXT? PLEASE LIST COURSE YOU HAVE TAUGHT THEM AND THE LEVEL OF COURSE DIFFICULTY—ACCELERATED, HONORS, REGULAR, ETC.

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2. WHAT THREE WORDS WOULD YOU CHOOSE TO BEST DESCRIBE THE APPLICANT?

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3. PLEASE INDICATE THE APPLICANT'S PERFORMANCE IN THE FOLLOWING AREAS:

ADDITION	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
SUBTRACTION	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
MULTIPLICATION	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
DIVISION	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
DECIMALS	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
INTEGERS	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
POSITIVE/NEGATIVE NUMBERS	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level
FRACTIONS	<input type="checkbox"/> Below Grade Level	<input type="checkbox"/> Consistent with Grade Level	<input type="checkbox"/> Above Grade Level

4. PLEASE LIST THE COURSE TITLE, SPECIFIC TOPICS COVERED, AND THE TITLE(S) AND AUTHOR(S) OF TEXT(S) USED IN THIS COURSE TO DATE:

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5. TO WHAT DEGREE HAS THE APPLICANT MASTERED THE MATERIAL COVERED IN THIS COURSE TO DATE?

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6. DESCRIBE THE APPLICANT'S ABILITY IN PROBLEM SOLVING AND IN DEALING WITH ABSTRACT CONCEPTS:

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7. PLEASE DISCUSS THE APPLICANT'S OVERALL PERFORMANCE IN RELATION TO THEIR ABILITY:

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5. HAS THE APPLICANT EVER NEEDED OR RECEIVED TUTORING? IS THERE ANY REASON TO SUSPECT A LEARNING STYLE DIFFERENCE?

---

---

6. DESCRIBE THE APPLICANT'S CLASS PARTICIPATION AND WORKING RELATIONSHIP WITH

A. OTHER STUDENTS \_\_\_\_\_

\_\_\_\_\_

B. ADULTS \_\_\_\_\_

\_\_\_\_\_

**ACADEMIC EVALUATION**

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**PERSONAL EVALUATION**

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- CLASSROOM CONDUCT       Troublemaker       Occasionally disrupts       Dominates       Usually good       Always good
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THE PARENTS SUPPORTIVE OF YOU AS A TEACHER? PLEASE COMMENT ON THE COOPERATION RECEIVED FROM PARENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT.**

TEACHER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

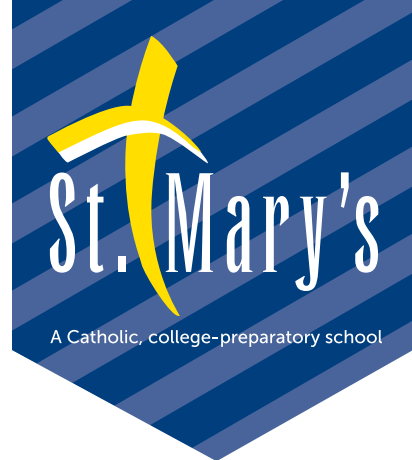
SCHOOL \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# Personal Recommendation

*Shaping authentic men and women of talent and faith*



**PLEASE RETURN TO THE ADMISSION OFFICE BY JAN. 1**

St. Mary's Lynn, 35 Tremont Street, Lynn, MA 01902

\_\_\_\_\_ has applied to St. Mary's Lynn for Grade \_\_\_\_\_.

The student indicated that they would like you to provide a personal recommendation. Please share with us any observations that might help us to know this applicant better. Please know that your comments will play a vital role in giving the Admission Committee insight into their character.

*If you would like to learn more about St. Mary's Lynn, please visit [STMARYSLYNN.COM](http://STMARYSLYNN.COM).*

YOUR NAME

DATE

RELATIONSHIP TO APPLICANT

ADDRESS

CITY

STATE

ZIP