

Santa Fe Indian School Admissions Office

P.O. Box 5430 Santa Fe, NM 87505 | Telephone: (505) 989-6370 | Fax (505) 989-6338 | www.sfindiainschool.org



School Personnel Recommendation Form

SY2022-2023 Online New Student Application

Name of Applicant: _____ Applying for Grade: _____
First Middle Last

Present School: _____

Name of class/course: _____ How often does class meet? _____

This student's grade in your class: _____ Does the student attend class regularly? (circle one) Yes No

Please give a brief assessment of this applicant's academic performance and potential:

Please describe the personal strengths and weaknesses of the applicant (motivation, enthusiasm, integrity, social adjustments with peers, self-confidence, initiative, sense of humor):

Please identify and describe non-academic strengths this applicant possesses, such as in athletics, drama, music, art or in other endeavors:

How well does the student accept advice or criticism:

The Applicant:	Rarely (25% of the time)	Occasionally (50% of the time)	Usually (75% of the time)	Consistently (90% of the time)	Always (100% of the time)
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes time/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribute to the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about his/her studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the applicant:	Below Average (Bottom 25%)	Average (Middle of Class 50%)	Above Average (Top 25%)	Outstanding (Top 15%)	Exceptional (Top 5%)
As a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? _____ Relationship to applicant: _____

Signature Position Date

Print Name School Name School Phone

Thank you for taking the time to support this student.
 Please return the form to the applicant or mail to the SFIS Admissions Department.