

Recommendation Form

Candidate's Name _____ LAST FIRST MIDDLE Current Grade _____

How well do you know the student academically? _____ As a person? _____

Please attach:

- | | |
|---|--|
| <input type="checkbox"/> Final or mid-term grades for this year
<input type="checkbox"/> Grades since 6 th grade, if available
<input type="checkbox"/> Standardized test scores | <input type="checkbox"/> Recent teacher reports, if any
<input type="checkbox"/> A school profile, if available |
|---|--|

School serves grades: _____ to _____ Number of students in entire school: _____

In what month does your school year begin? _____ end? _____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percent of your students receive which grades? _____

Does your school rank? Yes No Is your rank: Approximate Exact

This candidate ranks _____ out of _____ other students share this rank

How many students are in the entire grade? _____

Are students placed in sections according to ability? Yes No
 If yes, please tell us in which level the applicant is placed for each subject.

Does your school use a block scheduling system? Yes No

If the student's attendance is not listed on the transcript, please indicate the number of days they have been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary action? Yes No

Has he or she withdrawn from school voluntarily for an extended period of time for other than reasons of health? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

THE BEACON ACADEMY

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Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught.

	EXCELLENT (TOP 10%)	GOOD	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGEMENT
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort / Determination						
Ability to Work Independently						
Organization						
Creativity						
Class Participation						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty / Integrity						
Self-esteem						
Maturity (relative age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

Please comment on this student's character, citizenship, and contributions to the school community.

Please add any additional information that will give us a more complete picture of the student.

Thank you for your valuable time to complete this evaluation. Your reflections are an important part of the application.

NAME (PLEASE PRINT)

TITLE

SCHOOL

E-MAIL ADDRESS

MAILING ADDRESS

Would you be willing to have us contact you for further information Yes No

SIGNATURE

DATE