

Recommendation Form

Applicant's Name _____ Current Grade Level _____
LAST FIRST MIDDLE

To the Evaluator: Please complete this form in confidentiality. Please submit to parent in a sealed envelope.

How well do you know the applicant? very well a little not at all

In what years did you teach the applicant? _____ How large is the class? _____

Course Title: _____ Is this English course part of an honor or accelerated program? Yes No

Briefly describe your course. It is especially helpful to know what texts are used.

How accurately does the applicant read and understand what they have read? Very Well Well Not Well

How well does the applicant write in comparison with other students that you have taught? (Please be specific about areas of strength and weakness.)

How well does the applicant accept advice or criticism? Very Well Well Not Well

ADDITIONAL INFORMATION *(Please explain any yes answers in more detail below)*

Question	Additional Information
Are you aware of any learning/ behavioral support that has been provided to this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any signs of learning disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you observed any special education needs/ special concerns. For example: speech, language, health, others <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this applicant received any special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please evaluate the applicant in relation to other students of the same age/grade you have taught. Please check (✓) the appropriate box for each item.

	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 applicant is relatively weak or strong in any areas listed above, please elaborate.

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

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

Overall recommendation of this applicant:

Highly Recommended **Recommended** **Recommended with Reservations** **Not Recommended**

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 & CONTACT NUMBER

MAILING ADDRESS

Would you be willing to have us contact you for further information

Yes No

SIGNATURE

DATE