

## Recommendation Form

Applicant's Name \_\_\_\_\_ Current 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**

School serves grades: \_\_\_\_\_ How many students are in the entire grade? \_\_\_\_\_

Number of students in the entire school: \_\_\_\_\_ Basic Education Program:  K-12  G1-G13  Others \_\_\_\_\_

In what months does your school year begin and end? \_\_\_\_\_ to \_\_\_\_\_

Are students placed in sections according to ability?  Yes  No

Please explain your school's grading system:

What is the passing mark? \_\_\_\_\_ Honors mark? \_\_\_\_\_

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

This applicant ranks \_\_\_\_\_ out of \_\_\_\_\_. Number of other students who share this rank: \_\_\_\_\_

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

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

Question Number	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	
Has the applicant ever been dismissed, suspended, placed on probation, or received other serious disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant ever withdrawn from school voluntarily for an extended period of time for reasons other than health? <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 (v) 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