



TO THE STUDENT: Please provide your name and address below before giving this form to a recommender. If your recommender is submitting by

mail, please provide stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

Student's Name _____
Last First Middle Current Grade

Student's Address _____
Street City/Town State/Province Country Zip/Postal Code

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate your most candid and thoughtful

responses. The deadline for application to most schools is January 15th. This recommendation will remain confidential and will not become part of the student's permanent record.

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

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

What course(s)? _____ Is the student on a block schedule? Yes No

Is this course part of a tracking system or designated as an honors or accelerated course? Yes No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How accurately does the student read and understand what they have read?"

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

How well does the student accept advice or criticism?

What are the first three words that come to mind to describe this student?

1. _____ 2. _____ 3. _____

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender

Name of Student _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (<i>top 10% this year</i>)	Good (<i>above average</i>)	Average	Below Average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to 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 your community.

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

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the student's application.

Signature

Date

E-mail Address

Telephone

Title

School

Last Name, First Name, Middle Name
Applying for

Date of Birth
Gender