

grades 9-12 recommendation form

- MATH TEACHER
ENGLISH TEACHER

TO THE APPLICANT AND PARENT

Please print your name in the space below and then give this form to the appropriate person.

Name of Student Applicant for grade
Date

I acknowledge that I waive my right to the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to us.)

Name of Parent or Guardian
Signature of Parent or Guardian Date

The individual whose name appears above is candidate for admission to McLean School next September. We are asking you, a teacher, to write us about him/her. Comments from you in the areas listed on both sides of this form will be particularly helpful in our evaluation of this candidate. Wherever possible cite a specific action, behavior, or event you have observed to illustrate your comments about the candidate. All remarks will be kept strictly confidential and will not become part of the applicant's permanent record.

I. Intellectual Qualities: (e.g., keenness, originality, imagination, maturity)
II. Study Habits: (e.g., industry, perseverance, initiative, promptness, ability to organize)
III. Academic Aptitude and Achievement:
IV. Text Book:
V. Section Level: (Check One) [] Advanced [] Regular [] Accommodated

VI. Personal Qualities: (e.g., manners, individuality, leadership, sense of humor, etc.)

VII. Character: (e.g., integrity, responsibility, sense of purpose, respect for others, dependability, personal pride)

VIII. Extracurricular Activities: (e.g., athletics, music, publications, art, dance, drama, student government, hobbies, community service)

IX. Please describe any accommodations that you have made for this candidate in your class.

X. I have known this candidate approximately _____ years.

XI. Please summarize your rating below: (check appropriate space)

As a student: Outstanding Excellent Good Fair Poor

As a person: Outstanding Excellent Good Fair Poor

Your name _____ Signature _____ Date _____
(PLEASE PRINT)

Title or position _____

Name of School _____

Address _____
STREET

_____ CITY STATE ZIP

Telephone _____