

recommendation form

- PRINCIPAL
- HEAD OF SCHOOL
- COUNSELOR

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 _____

I. Personal Traits: (Citizenship, Leadership, Responsibility, Conduct, Initiative, Maturity, Sensitivity, Sense of Humor).

II. Academic Skills: (Reading, Work Habits, Intellectual Curiosity, Achievement).

III. Extracurricular Activities: (Athletics, Music, Publications, Art, Student Government, Dance, Drama, Hobbies, Community Service).

IV. Do you have any knowledge of any academic accommodations that have been made for this student?

V. All factors being considered, how do you recommend this candidate for the McLean School?

 Enthusiastically With Reservations*
 Confidently Do Not Recommend

*Please explain reservations.

VI. 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 _____