



**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	State	Zip code	Country

Current school \_\_\_\_\_ Previous school attended \_\_\_\_\_

**TO THE SCHOOL OFFICIAL:** 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.

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

Please attach:

- |  |   |
|--|---|
| <input type="checkbox"/> Final or mid-semester grades for fall term (must be included) | <input type="checkbox"/> Standardized test scores       |
| <input type="checkbox"/> Grades since 6th grade, if available                          | <input type="checkbox"/> Recent teacher reports, if any |
| <input type="checkbox"/> A complete high school transcript                             | <input type="checkbox"/> A school profile, if available |

School serves grades: \_\_\_\_\_ to \_\_\_\_\_

Number of students in entire school: \_\_\_\_\_

In what month does your school year begin? \_\_\_\_\_ end? \_\_\_\_\_

Please explain your school's grading system. What is the passing mark? \_\_\_\_\_ Honors mark? \_\_\_\_\_

What percent of your students receive which grades? \_\_\_\_\_

Does your school rank ☐ Yes ☐ No Is your rank: ☐ Approximate ☐ Exact How many students are in the entire grade? \_\_\_\_\_

Does your school use a block of scheduling system? ☐ Yes ☐ No

This candidate ranks \_\_\_\_\_ out of \_\_\_\_\_. \_\_\_\_\_ other students share this rank.

Are students placed in sections to ability? ☐ Yes ☐ No If yes, please tell us in which level the applicant is placed for each subject.

If the student's attendance is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanctions? ☐ Yes ☐ No

Has he or she withdrawn from school voluntarily for an extended period of time for other than reasons of health? ☐ Yes ☐ No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

Name of student \_\_\_\_\_

Please check marks at the points that represent your evaluation of the student in comparison to other students in his or her 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 (top 10% this year)	Good (above average)	Average	Below average	No basis for judgement
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 Peers						
Respect Accorded by Faculty						
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.

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

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 evaluation. Your reflections are an important part of the student's application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
School address

\_\_\_\_\_  
Telephone