Recommendation Form

English Recommendation

**TO THE STUDENT:** Please provide your name and address below before giving this form to a recommender. Please provide recommender with stamped, addressed envelopes for each of your schools. Let recommenders know the deadlines for each school.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s name: | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Last | First | Middle | Current Grade |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student’s address: | Click here to enter text. | South Windsor | CT | 06074 |
|  | Street | City | State | Zip Code |

Current school: **Timothy Edwards Middle School**

**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. The recommendation will remain confidential and will not become part of the student’s permanent record.

How well do you know the student academically? Click here to enter text. As a person? Click here to enter text.

In what years did you teach the student? Click here to enter text. How large is the class? Click here to enter text.

What course(s)? Click here to enter text. 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.

Click here to enter text.

How accurately does the student read and understand what he or she has read?

Click here to enter text.

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

Click here to enter text.

How well does the student accept advice or criticism?

Click here to enter text.

Name of student: Click here to enter text.

Please place 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 thetop fewI have ever encountered | Excellent(top 10% this year) | Good (above average) | 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 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.

Click here to enter text.

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

1. Click here to enter text. 2. Click here to enter text. 3. Click here to enter text.

Please comment on this student’s character, citizenship, and contributions to your community.

Click here to enter text.

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

Click here to enter text.

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

|  |  |  |
| --- | --- | --- |
|  | Click here to enter text. | Click here to enter text. |
| Signature | Date | Title |

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Printed Name | E-mail Address |

**100 Arnold Way, South Windsor, CT 06074** **860-648-5033**