

TEACHER RECOMMENDATION: Upper School Applicant Assessment Form

To the Applicant:

Please type and sign your name in the space below and then give this form to your current teacher.

Typing your name here constitutes as a valid electronic signature.

Name of Student:

Applying to Grade

Signature of Student:

Date (MM/DD/YYYY):

To the Parent/Guardian:

Please read the statement below and sign your name.

Typing your name here constitutes a valid electronic signature.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Signature of parent/guardian:

Date (MM/DD/YYYY):

Phone number:

Email address:

To the Teacher:

This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed this form, please email it to admissions.sm@printschool.org via your institutional email address. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets if necessary. Thank you for your cooperation and candor.

How long have you known the student academically?

Outside the classroom?

In what year(s) did you teach the student?

How large is/was the class?

Course Name(s):

Is the student on a block schedule?

Yes

No

Is this course 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.

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

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

How well does the student study in comparison with other students? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

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

Please add any additional information necessary to give us a more complete picture of the student.

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

Name (please print):

Typing your name here constitutes as a valid electronic signature.

Signature of teacher:

Date (MM/DD/YYYY):

Title:

School:

Phone:

Email Address:

School Mailing Address:

City:

State/Province:

Zip/Postal Code:

Country: