



CONFIDENTIAL TEACHER RECOMMENDATION

Rev. 11/10/11

Name of Student/Applicant _____ Date _____

To the Parent(s)/Guardian(s):

Please read and sign the statement below:

I waive my right to read the completed Teacher Recommendation and give the teacher permission to disclose all requested information.

Parent's/Guardian's Name Printed

Parent's/Guardian's Signature

Date

To the Teacher: The student listed above has applied for admission to Emerging Scholars Program (ESP). We would greatly appreciate any information you can provide that will help us make an informed decision regarding his or her application. Please take into consideration the following description of our program when evaluating the student's past and potential performance.

ESP is a 14-month academic, social enrichment and self-empowering program. ESP and all of its support services are free to participating students and their families. The program includes rigorous academic training aimed at preparing students for entry into the sixth grade at independent schools. Reading, writing, research, math, fine arts, technology, critical thinking, and study skills are emphasized. Students and families receive guidance in the social and emotional issues related to attending an independent school.

Name of Teacher _____

Name of School _____

School
Address _____

Phone _____ E-Mail _____

How long have you known this student? _____



For each of the following items, please check the box which best applies to this student
 I) Personal Recommendation:

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Emotional Stability/Maturity					
Integrity/Honesty					
Reaction to Criticism					
Self-Confidence					
Self-Discipline					
Conduct					
Energy/Initiative					
Sense of Humor					
Relationship to Peers					
Relationship to Adults					
Leadership					
Responsibility					
Common Sense					
Concern for others					
Willingness to take risks					

II) Academic Recommendation:

	Outstanding	Good	Average	Below Average	No Basis for Judgment
Academic Potential					
Academic Performance					
Intellectual curiosity					
Study Habits					
Ability to reason abstractly					
Ability to Work in a Group					
Seeks help when Needed					
Written Expression					
Oral expression					
Attention Span					
Ability to work independently					
Perseverance and thoroughness					
Motivation					
Ability to think logically					

(Please add additional pages as needed to complete your response)



- Does this student have any outstanding abilities or deficiencies not covered by the above categories? Yes* No Don't Know
- Have you observed any signs of learning disabilities? Yes* No Don't Know
- Does this student receive special accommodations? Yes* No Don't Know
- *If yes, please explain: _____

Please share your additional thoughts about this candidate's potential to be successful in ESP.

Parental Involvement:

Parents are an important part of our relationship with the children. Please share with us any thoughts you have regarding this family and their commitment to their child's development. _____

Thank you for your time and the helpful information you have provided. If you have questions, please contact us.

Your signature below indicates that all information provided on this application is complete and factually correct.

Signature _____ Date _____

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