

Teacher Recommendation Grades 2-5



Name of applicant: _____

Applying for Grade: _____

The child named above has applied for admission to Tuxedo Park School. Please complete the information requested below. The information is confidential and privileged. It is for Admissions Office use only and will not be part of the student's permanent record, or shared with the applicant's parents. Your candid responses are extremely helpful in evaluating this applicant. Thank you for your help.

Rating	Superior	Good	Average	Poor	Unknown	Comments
Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualities of leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperativeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity relative to age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How long have you known the applicant and in what capacity?

Where would you place the applicant's current performance? Below grade level On grade level Above grade level

Where appropriate, list any strengths or weaknesses of the applicant in reading or math.

Everything considered, how successful do you think this applicant would be in a challenging academic program?

Very Successful Successful Possibly Successful Unsuccessful

Please comment on student's reading skills. Describe language arts program used. List text and or materials used in class.

Please comment on student's math skills. Describe math program used. List text and or materials used in class.

Please add any comments you feel might be helpful.

If you prefer to submit your statement or evaluation in any other form, we are happy to receive it.

Signature of reference:

Date:

Name printed:

Position:

School name:

School address:

May we contact you if we have further questions regarding this student?
