



## ENGLISH TEACHER RECOMMENDATION

**Applicant:** Please type or print your name in the space below and give this form to your current English teacher with a return envelope.

Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**Parent/Guardian:**

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. Please have grade reports, attendance records, standardized test scores and teacher reports/comments forwarded to WMA.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Teacher:**

This recommendation will remain confidential and may become part of the student's permanent record. If you prefer, you may type and attach your responses on separate sheets of paper. When you have completed the recommendation, **please make a photocopy**, and send the original to WMA in the return envelope. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

Name of Teacher \_\_\_\_\_ School \_\_\_\_\_

Course Title \_\_\_\_\_ Level \_\_\_\_\_

Description of Course \_\_\_\_\_

Is this course designated as an honors or accelerated course? Yes  No  Class meets \_\_\_\_\_ times/week for \_\_\_\_\_ minutes.

List text(s) used in course: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

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

**Academic Traits**

Rank the applicant in the following categories in comparison with other students of the same age you have known or taught in your school:

Intellectual aptitude	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Study habits	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Academic motivation	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Intellectual curiosity	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Academic imagination or originality	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low

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

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

Please comment on the student's performance compared to ability.



## APPLICATION FOR ADMISSION ENGLISH TEACHER RECOMMENDATION PG.2

Does the student attend class regularly? Yes  No

Is there a problem with tardiness? Yes  No

If so, please explain: \_\_\_\_\_

How well does the student accept advice or criticism? \_\_\_\_\_

### Personal Traits

Please place checkmarks 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.

	Outstanding (top 1%)	Excellent (top 10%)	Above Average	Average	Below Average	No basis for judgment
Effort/determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is particularly weak or strong in any areas listed above, please elaborate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I recommend this applicant for admission:  Enthusiastically  Without reservation  With reservation  Not at all

I recommend the applicant for the following class placement:  English  Honors English (requires superior reading and analytical writing skills)

### Parent/School Relationship

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any family circumstances that affect the student's life at school? \_\_\_\_\_

Additional comments: \_\_\_\_\_

If we have additional questions, may we contact you? Yes  No

Email Address

*Please sign this form and fax or mail it to: Office of Admission, Wilbraham & Monson Academy, 423 Main Street, Wilbraham, MA 01095-1715, fax: 413.599.1749. Questions? Contact the Admission Office at 413.596.9107 or email admission@wma.us. Thank you for your time and the information you have provided.*

Signature

Date



## APPLICATION FOR ADMISSION MATHEMATICS TEACHER RECOMMENDATION

**Applicant:** Please type or print your name in the space below and give this form to your current Mathematics teacher with a return envelope.

Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

**Parent/Guardian:**

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. Please have grade reports, attendance records, standardized test scores and teacher reports/comments forwarded to WMA.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Teacher:**

This recommendation will remain confidential and may become part of the student's permanent record. If you prefer, you may type and attach your responses on separate sheets of paper. When you have completed the recommendation, **please make a photocopy**, and send the original to WMA in the return envelope. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

Name of Teacher \_\_\_\_\_ School \_\_\_\_\_

Course Title \_\_\_\_\_ Level \_\_\_\_\_

Description of Course \_\_\_\_\_

Is this course designated as an honors or accelerated course? Yes  No  Class meets \_\_\_\_\_ times/week for \_\_\_\_\_ minutes.

List text(s) used in course: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

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

**Student's Mathematical Background:** The courses listed below suggest a sequence typical of the mathematics curriculum in many U.S. secondary schools. If your school does not follow this sequence, please attached your curriculum. Please check those courses or list others which the student will have completed by the end of the current school year.

- Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers and quadratic equations)
- First Year Algebra (a thorough course which includes quadratics)
- Geometry
- Second Year Algebra (not including trigonometry)
- Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine)
- Pre-Calculus (including analytical trigonometry)
- Calculus (an introduction)
- Calculus (Advanced Placement AB)
- Calculus (Advanced Placement BC)
- \_\_\_\_\_
- \_\_\_\_\_

Next year, what math course would be most appropriate for this student? \_\_\_\_\_

**Academic Traits**

Rank the applicant in the following categories in comparison with other students of the same age you have known or taught in your school:

Intellectual aptitude	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Study habits	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Academic motivation	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Intellectual curiosity	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low
Academic imagination or originality	<input type="checkbox"/> Very High	<input type="checkbox"/>	<input type="checkbox"/> Average	<input type="checkbox"/>	<input type="checkbox"/> Low



## APPLICATION FOR ADMISSION MATHEMATICS TEACH RECOMMENDATION PG. 2

Please place checkmarks 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.

	Outstanding (top 1%)	Excellent (top 10%)	Above Average	Average	Below Average	No basis for judgment
Knowledge of the basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in the use of basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of/appreciation for the underlying ideas and concepts						
Effort/determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept the challenge of the more difficult problems and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Command of mathematics when compared to other students whom you have taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation as a student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the student is particularly weak or strong in any areas listed above, please elaborate.

\_\_\_\_\_

How well does the student accept advice or criticism? \_\_\_\_\_

Please comment on the student's performance compared to ability:

\_\_\_\_\_

I recommend this applicant for admission:  Enthusiastically  Without reservation  With reservation  Not at all

### Parent/School Relationship

Parents are an important part of our relationship with the student. Please share with us any thoughts you have regarding this family.

\_\_\_\_\_

Are you aware of any family circumstances that affect the student's life at school? \_\_\_\_\_

If we have additional questions, may we contact you? Yes  No

Email Address

*Please sign this form and fax or mail it to: Office of Admission, Wilbraham & Monson Academy, 423 Main Street, Wilbraham, MA 01095-1715, fax: 413.599.1749. Questions? Contact the Admission Office at 413.596.9107 or email admission@wma.us. Thank you for your time and the information you have provided.*

Signature

Date



# APPLICATION FOR ADMISSION PRINCIPAL/COUNSELOR RECOMMENDATION

**Applicant:** Please type or print your name in the space below and give this form to the person of your choice with a return envelope.

\_\_\_\_\_  
Name Applying for Grade

**Parent/Guardian:**

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

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Instructions for the recommender:**

This recommendation will remain confidential and may become part of the student's permanent record. If you prefer, you may type and attach your responses on separate sheets of paper. When you have completed the recommendation, **please make a photocopy**, and send the original to WMA in the return envelope. Be sure the parent/guardian has signed the form in the space above. Thank you for your cooperation and candor.

\_\_\_\_\_  
Name Title

How long have you known the applicant? \_\_\_\_\_

In what context have you known the applicant? \_\_\_\_\_

What are the first three words that come to mind to describe this applicant? \_\_\_\_\_

**Personal Evaluation**

How would you rate the applicant in relation to others whom you have known in the same age group? Please place an "X" in the appropriate box in each line.

	Outstanding (top 1%)	Excellent (top 10%)	Above Average	Average	Below Average	No basis for judgment
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort/persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Overall evaluation as a person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rank the applicant in the following areas compared with young people of the same age?

\_\_\_\_\_



# APPLICATION FOR ADMISSION PRINCIPAL/COUNSELOR RECOMMENDATION PG. 2

How well does the applicant accept advice or criticism?

---

---

---

What do you feel are the applicant's strengths?

---

---

---

Please comment on the applicant's character, citizenship and contributions to your community.

---

---

---

Is the student in good disciplinary standing? Yes  No  Is the student in good academic standing? Yes  No

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

(If yes, please provide full explanation)

---

---

---

I recommend this applicant for admission:

enthusiastically       strongly       without reservations       with reservations       not at all

### Parent Relationship

Parents are an important part of our relationship with the applicant. Please share any thoughts you have regarding this family.

---

---

---

Are you aware of any family circumstances that affect the applicant's life?

---

---

---

Additional comments:

---

---

---

If we have additional questions, may we contact you? Yes  No

Email Address

*Please sign this form and fax or mail it to: Office of Admission, Wilbraham & Monson Academy, 423 Main Street, Wilbraham, MA 01095-1715, fax: 413.599.1749. Questions? Contact the Admission Office at 413.596.9107 or email admission@wma.us. Thank you for your time and the information you have provided.*

Signature

Date



# APPLICATION FOR ADMISSION TRANSCRIPT REQUEST PAGE

**Applicant:**

Please type or print your name in the space below and give this form to your principal or other authorized official with a return envelope.

---

Name

Applying for Grade

---

Signature

Date

**Parent/Guardian:**

By signing this form, I authorize release of transcripts for my child to Wilbraham & Monson Academy.

---

Name of Parent/Guardian

---

Signature of Parent/Guardian

Date

The student named above has applied for admission to Wilbraham & Monson Academy. Please sign this form and send it with a transcript of the applicant's academic record including all test results to:

Wilbraham & Monson Academy  
Admission Office  
423 Main Street  
Wilbraham, MA 01095-1715

If you have questions, please feel free to contact our office at 413.596.6811 or [admission@wma.us](mailto:admission@wma.us).

---

Name and Title of School Official

---

Signature of School Official

Date

---

Telephone Number

Thank you for your time and cooperation.