

Applicant Name: _____
Applying for Grade: _____
 Immediate Midyear 2019-2020 Fall 2020

Applicant Instructions

Please type or print your name in the space below and then give this form to your current English teacher. Provide a stamped envelope addressed to:

Marianapolis Preparatory School
Office of Admission
P.O. Box 304
Thompson, Connecticut 06277-0304

Applicant Signature: _____ Date: _____

Parent Instructions

Please read and sign the following statement: *I acknowledge that I waive my right to read the confidential teacher recommendation and school report for the student listed above.*

Name of Parent (please print): _____

Signature: _____ Date: _____

English Teacher Recommendation

How long have you known the applicant? _____ In what years did you teach the applicant? _____

In what other capacities have you known the applicant? _____

Describe your course. It is especially helpful to know what texts are used and whether or not students are grouped by ability.

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

How well does the student accept advice or criticism?

What academic strengths come to mind when you think about this student?

What areas of weakness come to mind when you think about this student?

Applicant Name: _____
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<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2019-2020 <input type="checkbox"/> Fall 2020

English Teacher Recommendation (continued)

Please place a check mark on the appropriate line that represents your evaluation of the student in comparison to other students whom you have taught. If you have no fair basis for judgment, please do not hesitate to say so.

	The top 10% I have ever encountered	Excellent	Good	Average	Below Average	Poor	No basis for judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Participation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thank you for taking the time to complete this confidential recommendation.

Name: _____ Title: _____

School: _____ Phone: _____

E-mail: _____ Date: _____

Signature: _____

Applicant Name: _____
Applying for Grade: _____
<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2019-2020 <input type="checkbox"/> Fall 2020

Applicant Instructions

Please type or print your name in the space below and then give this form to your current mathematics teacher. Provide a stamped envelope addressed to:

Marianapolis Preparatory School
Office of Admission
P.O. Box 304
Thompson, Connecticut 06277-0304

Applicant Signature: _____ Date: _____

Parent Instructions

Please read and sign the following statement: *I acknowledge that I waive my right to read the confidential teacher recommendation and school report for the student listed above.*

Name of Parent (please print): _____

Signature: _____ Date: _____

Mathematics Teacher Recommendation

How long have you known the applicant? _____ In what years did you teach the applicant? _____

What course(s) have you taught the applicant? _____

In what other capacities have you known the applicant? _____

At what level would you expect this student to be placed for math next year? _____

Describe your course. Please include the number of students, the texts used, and whether students are grouped by ability.

Is this course part of a tracking system designated as an honors or accelerated course? Yes No

Applicant Name: _____
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<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2019-2020 <input type="checkbox"/> Fall 2020

Math Teacher Recommendation (continued)

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

How well does the student accept advice or criticism?

What academic strengths come to mind when you think about this student?

What areas of weakness come to mind when you think about 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 attach your curriculum. Please check these courses or list others which the student will have completed by the end of the year.

<input type="checkbox"/> Basic First Year Algebra (does not include extensive study of rational expressions, irrational numbers, and quadratic equations.)	<input type="checkbox"/> Pre-Calculus (including analytical trigonometry)
<input type="checkbox"/> First Year Algebra (a thorough course which included quadratics.)	<input type="checkbox"/> Calculus (an introduction)
<input type="checkbox"/> Geometry	<input type="checkbox"/> Calculus (Advanced Placement (AB))
<input type="checkbox"/> Second Year Algebra (not including trigonometry)	<input type="checkbox"/> Calculus (Advanced Placement BC)
<input type="checkbox"/> Second Year Algebra (includes numerical trigonometry through the laws of sine and cosine.)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____

Math Teacher Recommendation

Applicant Name: _____
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<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2019-2020 <input type="checkbox"/> Fall 2020

(continued)

Please place a check mark on the appropriate line that represents your evaluation of the student in comparison to other students whom you have taught. If you have no fair basis for judgment, please do not hesitate to say so.

	The top 10% I have ever encountered	Excellent	Good	Average	Below Average	Poor	No basis for judgement
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Classroom Participation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Peers	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thank you for taking the time to complete this confidential recommendation.

Name: _____ Title: _____

School: _____ Phone: _____

E-mail: _____ Date: _____

Signature: _____

Applicant Name: _____

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Immediate Midyear 2019-2020 Fall 2020

Applicant Instructions

Please type or print your name in the space below and then give this form to your current principal/counselor. Provide a stamped envelope addressed to:

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Thompson, Connecticut 06277-0304

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Parent Instructions

Please read and sign the following statement: *I acknowledge that I waive my right to read the confidential teacher recommendation and school report for the student listed above.*

Name of Parent (please print): _____

Signature: _____ Date: _____

Principal/Counselor Recommendation

How long have you known the applicant? _____

How well do you know the applicant academically? Very Well _____ Well _____ Not Well _____ Not at All _____

How well do you know the applicant personally? Very Well _____ Well _____ Not Well _____ Not at All _____

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

To your knowledge, how well does the student accept advice or criticism?

If the student is not, or has not been, in good academic standing, please explain.

Has the student ever received serious disciplinary action? Yes No

Has he/she withdrawn from school voluntarily or missed significant periods of time for any reason? Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate piece of paper.

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Principal/Counselor Recommendation
(continued)

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Immediate
 Midyear 2019-2020
 Fall 2020

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