



# THE MEAD SCHOOL

Office of Admissions

**Supplemental / Co-Curricular Recommendation (Optional)**  
Recommendation deadline: February 1

1095 Riverbank Road  
Stamford, CT 06903  
Tel: 203-595-9500  
Fax: 203-595-0735  
meadschool.org  
rev. 2020

**PART 1:**

PARENTS: After completing Part 1, please give this form to the student's recommender to complete and return directly to The Mead School. Please provide the recommender with a stamped envelope addressed to Mead (above right). Alternately, the recommender may fax (203-595-0735) or scan/email this form to admissions@meadschool.org.

Our school does not currently accept the Standard Application Online (SAO) for applicants. However, if you are using the SAO to apply to other schools in the Fairchester Consortium, we will accept copies of the SAO Recommendation forms. If you wish to send SAO recommendation forms to our school, please request that your recommender email a PDF copy of their completed SAO recommendation form directly to our school at admissions@meadschool.org.

Notice: The recommender must first complete the SAO Recommendation Form online, using the request link an applicant sends as a part of the SAO. After the recommender completes and submits the form, a PDF copy of the completed form can be accessed.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Current Grade

As part of the process for admission, The Mead School (Mead) requires written recommendations. I/We acknowledge that these recommendations are confidential communications between the recommender and Mead. I/We waive the right to access this recommendation, and acknowledge that Mead is relying on this waiver and would not consider my/our child without it. I/We also understand that this recommendation will not become part of my/our child's permanent record at Mead if my/our child is accepted and enrolls at Mead.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

**PART 2:**

RECOMMENDER: The Admissions Committee greatly values input from others who have instructed or coached the applicant. We are grateful to you for candidly sharing your thoughts with us and assure you that all remarks will be held in strict confidence and will not become part of the student's permanent record. Kindly complete this form and add any additional comments that will help in developing an understanding of the applicant. Please complete this form no later than February 1.

Thank you for your cooperation and candor. All Mead recommendation forms are confidential.

**Co-curricular activity:**

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

**Name of organization, school or team on which this student participates:**

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

**Number of years you have worked with this student:** \_\_\_\_\_

**Number of years student has been involved with this activity:** \_\_\_\_\_

**Level at which student participates, performs or competes:**

- Beginner       Intermediate       Advanced

*(See next page)*

Please evaluate the candidate in the following categories:

	Exceptional	Good	Fair	Poor	Not Known
Degree of talent					
Motivation					
Leadership potential					
Maturity					
Integrity					
Cooperation					
Willingness to support others					
Willingness to work hard					
Ability to accept instruction					
Ability to accepted criticism					
Dependability					

List three words that best describe the student:

\_\_\_\_\_

Please note any significant achievement or distinction:

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

Any additional remarks or comments? Please use another page, if needed.

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

.....

Name (Please print) \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: This optional form is due no later than February 1.