



Loomis Chaffee

Office of Admission • 4 Batchelder Road • Windsor CT 06095 • Telephone 860 687 6400 • Facsimile 860 298 8756 • email: admission@loomis.org
• WEBSITE: www.loomis.org

.....

ADDITIONAL ACADEMIC RECOMMENDATION

Student's name _____
LAST FIRST MIDDLE CURRENT GRADE

Student's address _____
STREET CITY STATE ZIP CODE COUNTRY

TO THE TEACHER: The student named above is a candidate for admission. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Your recommendation is vital to our process. We would appreciate you most candid and thoughtful responses.

How well do you know the student academically? _____ As a person? _____
In what years did you teach the student? _____ How large is the class? _____
What course(s)? _____ Is the student on block schedule? _____

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

How is this course taught? In person Online Hybrid _____

Student's current average, grade, or mark in the course: _____

Overall class average, grade, or mark in the course: _____

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

How well does the student comprehend the concepts of the course in comparison to other students in this grade level whom you have taught?

Date submitted _____

To what degree has the student mastered the material covered so far in this course?

Next year, what course would be the most appropriate placement for this student?

Please place check marks at the points that represent your evaluation of the student in comparison to other students in their age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

| | ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED | EXCELLENT (TOP 10% THIS YEAR) | GOOD (ABOVE AVERAGE) | AVERAGE | BELOW AVERAGE | NO BASIS FOR JUDGMENT |
|---|---|-------------------------------------|----------------------------|---------|------------------|--------------------------|
| Academic potential | | | | | | |
| Academic achievement | | | | | | |
| Intellectual curiosity | | | | | | |
| Effort/Determination | | | | | | |
| Ability to work independently | | | | | | |
| Organization | | | | | | |
| Creativity | | | | | | |
| Willingness to take intellectual risks | | | | | | |
| Concern for others | | | | | | |
| Honesty/Integrity | | | | | | |
| Self-esteem | | | | | | |
| Maturity (relative to age) | | | | | | |
| Responsibility | | | | | | |
| Respect accorded by faculty | | | | | | |
| Respect accorded by peers | | | | | | |
| Emotional stability | | | | | | |
| Overall evaluation as a person | | | | | | |
| Overall evaluation as a student | | | | | | |

If the student is relatively strong, weak, or needs improvement in any of the areas listed above, please elaborate.

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

How well does the student accept advice or criticism?

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

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

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Admission Committee and others deemed necessary by the dean of enrollment.

SIGNATURE

DATE

SCHOOL ADDRESS/CITY/STATE

PRINTED NAME

ZIP CODE / COUNTRY

TITLE

()
TELEPHONE

EMAIL