

Applicant Name: \_\_\_\_\_  
Applying for Grade: \_\_\_\_\_  
 Immediate     Midyear 2020-2021     Fall 2021

## 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. Please list literary works and texts that 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: _____
Applying for Grade: _____
<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2020-2021 <input type="checkbox"/> Fall 2021

## 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:

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

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

School: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Applying for Grade: \_\_\_\_\_  
 Immediate     Midyear 2020-2021     Fall 2021

## 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? \_\_\_\_\_

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

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

What math course would you expect this student to be placed in next year? \_\_\_\_\_

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?

\_\_\_\_\_

## Math Teacher Recommendation

Applicant Name: _____
Applying for Grade: _____
<input type="checkbox"/> Immediate <input type="checkbox"/> Midyear 2020-2021 <input type="checkbox"/> Fall 2021

*(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:

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

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

School: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Applying for Grade: \_\_\_\_\_  
 Immediate     Midyear 2020-2021     Fall 2021

## 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:

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: \_\_\_\_\_

## Counselor/Administrator 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 \_\_\_\_\_

Has the student ever received any academic accommodations?     Yes     No

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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## Counselor/Administrator Recommendation

(continued)

Applicant Name: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Immediate     
  Midyear 2020-2021     
  Fall 2021

Please place a check mark on the appropriate line that represents your evaluation of the student in comparison to other students at your school. 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
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Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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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"/>
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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"/>
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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:

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

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

School: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_