THE Peck SCHOOL

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# ENGLISH TEACHER REFERENCE REQUEST

GRADES 5 – 8

APPLICANT'S FIRST NAME MIDDLE LAST

This student has applied for admission to The Peck School and has given your name as a reference. In order that we may give this applicant every possible consideration, we would sincerely appreciate receiving the information requested below.
***Your response will be held in complete confidence.***

1. How long have you known this student and in what context? _____

   _____

2. Please list courses you have taught this student and the level of course difficulty – Accelerated, Honors, Regular, etc.

   _____

3. What are the first words that come to mind when describing this student? _____

   _____

4. Please evaluate the student in the following areas ( √ *check appropriate boxes*):

| | Limited | Fair | Average | Good | Excellent |
|---|---|---|---|---|---|
| Oral Expression | | | | | |
| Written Expression | | | | | |
| Ability to Make Inferences | | | | | |
| Ability to Draw Conclusions | | | | | |
| Sentence Structure | | | | | |
| Clarity of Style | | | | | |
| Ability to Develop and Support an Idea | | | | | |
| Spelling | | | | | |
| Punctuation | | | | | |

Textbook(s) used this year: _____

Novel(s) read this year: _____

Grade achieved: _____

***In the event that our office will need to verify/discuss the information provided, please complete the below:***

*Teacher Name (please print):* _____

*Signature:* _____ *Course Taught:* _____

*School Name:* _____

*School Address:* _____

_____ *Date:* _____

*E-mail Address:* _____ *Telephone:* _____

Kindly return to: admissions@peckschool.org

Admissions Office • The Peck School • 247 South Street • Morristown, NJ 07960 • 973.539.8660