

TEACHER RECOMMENDATION FORM

Applicant's Name _____ Applying to Grade _____

To the applicant: Complete the above lines and give this form to the appropriate teacher at your current school. Please provide that person with a stamped envelope addressed to:

Admission Office
Rowland Hall
843 Lincoln Street
Salt Lake City, Utah 84102

To the teacher: The student named above is applying for admission to Rowland Hall. Your assessment of the applicant's academic performance and personal qualities provides invaluable assistance to our admission committee. The information submitted will be considered confidential and will not become part of the student's school records.

Person completing form _____ Subject | Grade Level taught _____

What are the first words that come to mind to describe the applicant? _____

ACADEMIC QUALITIES In relation to other students you have taught at this grade level, how would you rate this student in terms of:

No Basis	Outstanding	Above Average	Average	Below Average	Comments
<input type="checkbox"/> Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Academic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Motivation	<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"/> Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Creative problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Critical skills/abstract thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ability to work cooperatively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ability to organize and communicate ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

please continue on back



PERSONAL QUALITITES In relation to other students you have taught at this grade level, how would you rate this student in terms of:

No Basis	Outstanding	Above Average	Average	Below Average	Comments
<input type="checkbox"/> Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Peer relations	<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"/> Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Reaction to criticism	<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"/> Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Taking responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Parental involvement and cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Involvement in activities beyond the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please comment upon the applicant's academic and personal strengths. _____

Please comment upon the applicant's academic and personal challenges. _____

Please share any additional information that you think might help us make an informed decision. _____

Name _____ Your School _____

Mailing address _____
street city state zip

If we need clarification, how may we contact you?
 Telephone () _____ Email _____

Signature _____ Date _____

Thank you for taking the time to thoughtfully evaluate this student.