



The Knox School

The Knox School
541 Long Beach Road
St. James, NY 11780
Phone: 631-686-1600
Fax: 631-686-1650

Application for Admission English Teacher Recommendation Form

Rec'd ___ / ___ / ___

To the Applicant:

Please type or print your name in the space below and give this form to your current English teacher. Attach a stamped envelope addressed to the Knox School.

Name of Student _____ Applicant to grade _____

Signature _____ Date _____

To the Parent/Guardian:

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential recommendation and the school report for the student listed above.

Name of Parent or Guardian _____

Signature _____ Date _____

To the Teacher:

This recommendation will remain confidential and will not become part of the student's permanent record. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. Thank you for your cooperation and candor.

Teacher's Name _____ Title _____

School _____

How well do you know the student academically? _____ As a person? _____

In what years did you teach the student? _____ In what course(s)? _____

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

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

How accurately does the student read and understand what he or she has read?

How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

How well does the student accept advice or criticism?

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

1. _____ 2. _____ 3. _____

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her 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 weak or strong in any areas listed above, please elaborate.

In what way has the student made significant contributions to your community?

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

Thank you for taking the time to complete this evaluation. Your reflections are an important part of the student's application.

Signature _____ Date _____

Mailing address _____ Email Address _____

_____ Telephone _____