



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 judgement, 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 JUDGEMENT
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.

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

Please comment on this 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 director of admissions.

_____ SIGNATURE	_____ DATE	_____ SCHOOL ADDRESS
_____ PRINTED NAME	_____ E-MAIL ADDRESS	
_____ TITLE	_____ () TELEPHONE	



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Current Foreign Language Teacher

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The Common Recommendation Form

TO THE STUDENT: Please print your name, address and school below and give this form and a stamped, addressed envelope for each school to your head of school, principal, or guidance counselor.

Student's name _____
FIRST MIDDLE LAST PREFERRED

MALE FEMALE

Student's address _____
STREET CITY STATE ZIP COUNTRY

Current school _____ Previous school attended: _____

TO THE SCHOOL OFFICIAL: 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 your most candid and thoughtful responses. Please complete this form and return it in the envelope provided along with material requested below.

Please attach:

- Final or mid-semester grades for fall term (*must be included*)
- Recent teacher reports, if any
- Grades since sixth grade, if available
- A school profile, if available
- Standardized test scores

School serves grades _____ to _____ Number of students in entire school _____

In what month does your school year begin? ____ End? ____

Please explain your school's grading system. What is the passing mark? _____ Honors mark? _____

What percent of your students receive which grades? _____

Does your school rank? Yes No Is your rank: approximate exact

How many students are in the entire grade? _____

Does your school use a block scheduling system? Yes No

The candidate ranks _____ out of _____ . _____ other students share this rank.

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

Are students placed in sections according to ability? Yes No If yes, please tell us in which level the applicant is placed for each subject.

If the student's attendance record is not listed on the transcript, please indicate the number of days he or she has been absent or tardy each year while at your school.

If the student is not, or has not, been in good academic standing, please explain.

Has the student ever been dismissed, suspended, placed on probation, or received other serious disciplinary sanction?
 Yes No

Has she he or she withdrawn from school voluntarily for an extended period of time for other than reasons of health?
 Yes No

If the answer to either or both of these questions is yes, please provide a full explanation on a separate sheet.



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() _____
TELEPHONE



Middlesex

1400 Lowell Road, Concord, MA 01742 Phone: 978.371.6524
Web Site: www.mxschool.edu

Special Interest/Talent Optional

Name of applicant _____

The above-named student has chosen you for a recommendation to Middlesex School. Please comment on how long you have worked with the student and in what capacity, briefly covering the applicant's performance and potential.

Please submit, not later than January 15.

Thank you for your help.

(Continued on back)

Signature _____ Date _____

Name _____ Address _____

School (if applicable) _____ Position _____

Phone (____) _____ E-mail address _____

Thank you for your time and the helpful information you have provided.