



Recommendation Form

(MATH TEACHER)

STUDENT NAME: \_\_\_\_\_

APPLYING FOR GRADE: \_\_\_\_\_ FOR ACADEMIC YEAR: \_\_\_\_\_

The student listed above is a candidate for admission to Elgin Academy. Your honest assessment of this applicant will be helpful to our Admission Committee. Please complete both sides of this form and return it directly to EA's Admission Office. Thank you.

1. How long have you known the applicant? \_\_\_\_\_

2. In what subjects **and** during which academic years have you taught the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. In what other capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In relation to others you have known in the applicant's age group, please rate the candidate by checking the appropriate boxes where **1 is the WEAKEST** and **5 is the STRONGEST**:

	<u>WEAKEST</u>				<u>STRONGEST</u>
	1	2	3	4	5
Academic Potential	<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"/>
Initiative	<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"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extracurricular Participation	<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"/>
Maturity	<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"/>
Relationship to Peers	<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"/>

\_\_\_\_\_

5. What words or phrases come to mind when describing the applicant's strengths and weaknesses?

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6. Your general comments regarding this student's ability to contribute to and benefit from a rigorous program in a tightly-knit school community would be appreciated. Feel free to make additional comments on a separate sheet of paper.

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PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Organization: \_\_\_\_\_

City/State: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this form directly to:* Office of Admission  
Elgin Academy  
350 Park Street  
Elgin, IL 60120  
Phone: 847.695.0303  
Fax: 847.695.5017  
E-mail: admissions@elginacademy.org  
Web: www.elginacademy.org

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*(Form Updated: 9/28/09)*