

Teacher Recommendation

To be filled out by a school official or teacher who knows student well.
All information is kept confidential.



School Official or Teacher

Please complete and send to:
The Calhoun School, Office of Admissions
433 West End Avenue, New York, NY 10024
(212) 497-6542 Fax (212) 497-6531

***Please note:** This form must be filled out and returned to Calhoun by January 15.

Student's Name	Applicant for Grade
Current School	Address
School Official / Teacher's Name	Title
Date	Phone

How long have you known this student? _____ In what capacity? _____

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

For the following items, please check to indicate your evaluation of this student in each category, adjusting the check mark placement to the left or right of a section to indicate gradations in your evaluation.

ACADEMIC PERFORMANCE	Excellent	Good	Satisfactory	Poor
Study habits				
Self-motivation				
Organization of time and work				
Intellectual curiosity				
Originality				
Attention span				
Ability to express ideas orally				
Written expression				
Ability to follow directions				
Ability to work in a group				
Ability to work independently				
Perseverance				
Academic promise				
Academic achievement				
Reads for pleasure:	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	

In what, if any, subject areas does student show particular strength? _____

In what, if any, subject areas has student needed special support or help? _____

Has student displayed any notable artistic or athletic aptitude or achievement? _____

Please comment on any other notable interests or talents. _____

Comments _____

PLEASE COMPLETE THE QUESTIONS ON THE REVERSE SIDE OF THIS FORM →

For the following items, please check to indicate your evaluation of this student in each category, adjusting the check mark placement to the left or right of a section to indicate gradations in your evaluation.

AFFECTIVE PERFORMANCE	Excellent	Good	Satisfactory	Poor
Sense of responsibility				
Consideration for others				
Peer relationships				
Leadership skills				
Emotional maturity				
Self-confidence				
Sense of humor				
Self-control				
Reaction to new experiences				
Relationship with teachers				
Relationship with parents/caregivers				

Comments _____

READING AND MATHEMATICS MATERIALS (*applicants for 2nd through 7th grade only*)

List specific materials child is working with at present.

PARENTS' RELATIONSHIP WITH SCHOOL

Have you received active parent cooperation in meeting educational issues? Yes No
Is there anything outstanding in the parents' involvement with the school?

Have all financial obligations been met? Yes No

With whom does this child live? _____

ATTENDANCE

Are there any concerns about the child's attendance or promptness in arrival and departure? Yes No
If Yes, please explain:

Please add any comments that would be helpful in evaluating this applicant.

Do you recommend admission of this candidate? Yes No

We thank you for taking the time to aid us in understanding this student. All information will be considered confidential. If you have any questions or further comments, please call us.