

Middle/Upper School Confidential Recommendation

Entering Grades: 5–12

Current Mathematics Teacher

Instructions for the student: Please print your name in the space below and indicate the grade and school you are applying to. Give this form to your current English teacher with a stamped envelope addressed to Yorktown Education.

STUDENT'S NAME _____ M/F (Circle One) _____
APPLYING FOR GRADE

Instructions for the teacher: This student is seeking admission to Yorktown Education. We are a co-educational day School offering instruction for three-year-olds through grade 12 and postgraduates. Our curriculum is rigorous and college preparatory.

Teacher recommendations have a direct bearing on the candidate's application. We appreciate your time and specificity in completing this recommendation. Please be as complete and candid as possible. This form is kept strictly confidential.

How long have you known the applicant? _____

Course Name/Description: _____

Text(s) used: _____

By June, you will cover which chapters? _____

In your opinion, will this student be ready to advance to the next level? Yes No

Please evaluate this applicant in the following areas in relation to other students of the same age. Place a check under the rating that best expresses your sense of him/her.

ACADEMIC QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral abilities	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

PERSONAL QUALITIES	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(CONT'D)	EXCELLENT	GOOD	AVERAGE	BELOW	POOR	NOT APPLICABLE
Responsibility	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Relation to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relation to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS

If you have evaluated the applicant as “Below Average” or “Poor” in any area, please comment. If you have had the opportunity to observe the applicant outside of the classroom and care to add any comments, please use this section.

If you wish to discuss this student personally, please check here.

OVERALL RECOMMENDATION

HOW DO YOU RECOMMEND THIS STUDENT?

As a student Without reservation Strongly With reservation Do not recommend
 As a person Without reservation Strongly With reservation Do not recommend

NAME (PLEASE PRINT) _____ TITLE _____

SCHOOL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE _____

SIGNATURE _____ DATE _____

PLEASE SUBMIT COMPLETED APPLICATION MATERIALS TO:
Office of Admission

YORKTOWN EDUCATION
 5170 Village Creek Drive
 Plano, TX 75093
 972.733.0800

YorktownEd.com