

Central Middle School Confidential Recommendation Form

Subject: _____

Name of Applicant _____ Current grade level _____

The signature of parent/guardian acknowledges that he/she waives the right to read the confidential teacher recommendation for the student listed above.

X _____

1. How long have you known the candidate? _____

2. What are the first words that come to mind in order to describe the applicant?

3. In what course do you currently teach this student?

4. Please list any major texts used in the course.

5. How would you rate the candidate's overall command of your subject when compared to other students whom you have taught?

Below Average

Average

Top 25%

Top 10%

6. Please tell us something about the applicant's character and personality. Do you have confidence in the applicant's integrity and sensitivity to the needs of others? Is the candidate mature in relation to peers?

Summary: In relation to students of the same age you have known, how would you rate the candidate?

	<i>Weak</i>	<i>Fair</i>	<i>Good</i>	<i>Above Average</i>	<i>Excellent</i>	<i>Exceptional</i>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/ Personal Promise	<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"/>
Effort/Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Name

Position

Signature

Date

**Central Middle School
9 Indian Rock Lane
Greenwich, CT 06830
203-661-8500**