



APPLICANT'S NAME _____

TO GRADE _____

INSTRUCTIONS TO THE APPLICANT:

Please fill in your name and the grade to which you are applying. Give this form to your current mathematics teacher, after December 1.

TO THE TEACHER:

Thank you in advance for your time and consideration of this applicant. We are grateful to you for candidly sharing your thoughts with us. Please mail the completed form directly to the Rocky Hill School Admission Office. Your responses will be kept confidential.

Rocky Hill School seeks students with integrity and strength of character, along with intellectual curiosity and a desire to learn in a challenging college preparatory setting. The ideal Rocky Hill student is one who has a willingness to engage in his or her own learning process, demonstrates a commitment to social responsibility and involvement in extracurricular activities.

COURSE TITLE _____ Advanced Regular Remedial CLASS SIZE _____

How long have you known the applicant _____ Current average in your course _____

Rank in your class top 2-3% top 10% above average average below average

Briefly describe the content of your course (topics covered, material used, homework assignments).

What are the applicant's academic strengths and weaknesses in your course?

What adjectives or phrases would you use to describe the applicant?

Please rate the applicant in the categories listed below

	Outstanding	Above Average	Average	Below Average
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<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"/>
Enthusiasm/Energy	<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"/>
Sense of humor	<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"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what way has the student made significant contributions to your community?

We welcome any other information that you think would be helpful. Please include any circumstances of which you feel we should be aware.

The information furnished on this recommendation, together with all information and materials received by Rocky Hill School from any required source shall be completely confidential to the extent permitted by law and is not available to the applicant or family.

Teacher's Name *(please print)* _____ Years Teaching _____

School _____ Email _____

Signature

Date