



THE MANDELSTAM SCHOOL

Head of School/Principal/Counselor

Recommendation Form

Name of Student _____ Applying to Grade _____

How long have you known the applicant? _____ years _____ months In what capacity? _____

We appreciate your cooperation in completing this form. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information provided on this form will be kept confidential and will not be shared with the parents or placed in the child's personal record. This information will be helpful to the admissions committee as they make an informed and thoughtful decision regarding the admission of each child.

	Excellent	Above Average	Average	Below Average	No Basis for Judgment
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"/>
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"/>
Willingness to take intellectual risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<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"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity (relative to age)	<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"/>
Respect accorded by faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect accorded by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What adjectives or phrases come to mind when describing this student? Please note strengths and weaknesses.

Please comment on this student's character, citizenship, and contribution to your community. _____

What academic accommodations and services is the student currently receiving at your school? _____

Has the student had any disciplinary problems? If so, please explain. _____

Is there additional information that would be helpful to us in our evaluation of this applicant? _____

Parent/School Relationship

Parents are an important part of our relationship with the student. To the best of your knowledge and with careful consideration to accuracy, please share with us any thoughts you have regarding the applicant's family, including their involvement in your school.

To your knowledge is the parents' perception of their child compatible with the school's understanding of the child? Please comment.

Are you aware of any family circumstances that affect the student's life at school? _____

List three words that best describe the parents in regard to their child?

1. _____ 2. _____ 3. _____

I recommend this student:

With great enthusiasm With confidence With reservation I do not recommend

If we have any further questions, may we contact you ? Yes No

Head of School/Principal Name _____ Position _____

School _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

Signature _____ Date _____