

Recommendation Form

8120 Carroll Avenue · Takoma Park, MD 20912

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[www.ta.edu](http://www.ta.edu)

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_

***To the Applicant:***

You are to give a copy of this form to a non-related adult, a teacher and a pastor. It is not to be completed by you, a fellow student, one of your relatives, or a guardian.

***To the Recommender:***

The above-named student has applied for admission to Takoma Academy. Our school selects students who will take advantage of, and enhance, our wide range of opportunities, both academic and extra-curricular. We appreciate your candid evaluations about this student in the areas listed below. Please rate the applicant by checking the appropriate boxes. This information will be kept confidential and used only during the admissions process. It will not become part of the student’s permanent records nor will it be available for the student’s or parent’s review. Please return this evaluation in a sealed envelope to the student or directly to Takoma academy via mail or fax.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Below average | Unable to judge |
| Academic achievement |  |  |  |  |  |
| Academic effort |  |  |  |  |  |
| Study habits |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Intellectual curiosity |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Classroom participation |  |  |  |  |  |
| Response to criticism |  |  |  |  |  |
| Personal integrity |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |
| Conduct |  |  |  |  |  |
| Sense of humor |  |  |  |  |  |
| Concern for others |  |  |  |  |  |
| Relationship to peers |  |  |  |  |  |
| Respect accorded by faculty |  |  |  |  |  |
| Spiritual commitment |  |  |  |  |  |
| To your knowledge, has the applicant (during the past year) used: | | | | alcohol | yes no not sure |
|  |  |  |  | tobacco | yes no not sure |
|  |  |  |  | illegal drugs | yes no not sure |

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number and/or Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_