

Recommendation Form – Teacher/Coach/Mentor

| Name of Student | Current Grade |
|--|--|
| | |
| | |
| Your name | Title |
| School / Organization | |
| How long have you known the student? | |
| In what capacity have you known the student? | |
| What are the first three words that come to mind to describ | e this student? |
| 1 2 | 3 |
| What are the student's strengths | |
| In which areas does the student need improvement | |
| How well does the student accept advice or criticism? | |
| Which words best describe the student's thinking? \Box Indep | pendent \square Creative \square Imitative \square Other |
| Does this student have any particular interests or affinities | you would like to share with us? |
| Within your range of experience, how would you rate the s | |

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the community. Please evaluate the student in the following areas by placing a check in the appropriate column. Please leave blank the characteristics that you are unable to comment upon because they do not apply, etc.

| | Truly Outstanding | Excellent | Good | Average | Below Average | Comments |
|---|----------------------|------------------|------|---------|------------------|----------|
| Attitude towards subject | | | | | | |
| Intellectual curiosity | | | | | | |
| Initiative | | | | | | |
| Academic performance | | | | | | |
| Academic ability | | | | | | |
| Ability to reason abstractly | | | | | | |
| Ability to think logically | | | | | | |
| Oral expression | | | | | | |
| Written expression | | | | | | |
| Reading comprehension | | | | | | |
| Creativity and imagination | | | | | | |
| Organizational ability | | | | | | |
| Stays on task | | | | | | |
| Motivation | | | | | | |
| Willingness to take intellectual risks | | | | | | |
| Perseverance and thoroughness | | | | | | |
| Ability to work in a group | | | | | | |
| Ability to work independently | | | | | | |
| Seeks help when needed | | | | | | |
| Class participation | | | | | | |
| Study habits | | | | | | |
| | | | | | | |
| PERSONAL QUALITIES | | | | | | |
| PERSONAL QUALITIES | Truly Outstanding | Excellent | Good | Average | Below Average | Comments |
| | | Excellent | Good | Average | | Comments |
| Honesty/integrity | | | | _ | Average | Comments |
| PERSONAL QUALITIES Honesty/integrity Self-esteem Self-discipline | | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline | | | | | Average | Comments |
| Honesty/integrity Self-esteem | | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas | | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) | Outstanding | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) Sensitivity to others' feelings/ | Outstanding | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) Sensitivity to others' feelings/ respect for individual differences | Outstanding | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) Sensitivity to others' feelings/ respect for individual differences Responsibility | Outstanding | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) Sensitivity to others' feelings/ respect for individual differences Responsibility Reaction to setbacks | Outstanding | | | | Average | Comments |
| Honesty/integrity Self-esteem Self-discipline Receptivity to others' ideas Leadership Peer compatibility Relationship with teacher(s) Sensitivity to others' feelings/ | Outstanding | | | | Average | Comments |

PARENT-SCHOOL/ORGANIZATION RELATIONSHIP

| consideration to accuracy, please share with us any thoughts y involvement with your school / organization / program. | ou have regarding this applicant's family, including their |
|--|--|
| To your knowledge, is the parents' perception of their child co | |
| Are you aware of any family circumstances that affect the students | dent's life in your program / organization? |
| Which word(s) best describe the parents in regard to their child | d? |
| 1 2 | 3 |
| Please explain | |
| Additional comments | |
| Signature | Date |
| If we have additional questions, may we contact you? \Box Yes | □ No |
| Phone number | Most convenient time to call is |
| Email address | |
| Thank you again for your time and the helpful information University School of the Lowcountry, please take a momen Please also feel free to call (843-884-0902) or email (info@t | nt and look at our website (www.uslowcountry.org). |
| SUBMITTING THE RECOMMENDATION Recommendations may be submitted in one of three ways: | |
| 1) By mail, using the following address University School of the Lowcountry P.O. Box 665 Mt. Pleasant, SC 29465-0665 | 2) By fax, using the following phone number University School of the Lowcountry 843-884-0905 |

Parents are an important part of our relationship with the student. To the best of your knowledge and with careful

Non-Discrimination Policy

University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.

* Please place the recommendation in an envelope, seal it, and write your signature across the seal.

3) Return to the applicant's parent/guardian for inclusion in the child's application packet