



## ENGLISH TEACHER RECOMMENDATION

The Academy @ MSA • 5775 Barclay Dr, Suite 4 • Alexandria, VA 22315  
www.metropolitanarts.org • academy@metropolitanarts.org • 703.339.0444

CONFIDENTIAL

Name of Applicant \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Starting September, 20 \_\_\_\_\_  male  female

To the Parent/Guardian:

Please read and sign the statement below. I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above. (Please have grade reports, attendance records, standardized test scores, and teacher reports/comments forwarded to each school to which you are applying.)

\_\_\_\_\_  
Name of parent or guardian please print

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

To the Teacher:

This form is part of a standard application being used by many independent schools throughout the U.S., Canada and abroad. This recommendation will remain confidential and will not become part of the student's permanent record. When you have completed it, please photocopy it and send it to the schools for which the applicant has provided stamped envelopes. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets, if necessary. The student should provide you with a stamped, addressed return envelope for each school requesting a copy of this form and page one of the form should have the appropriate signatures. Use of the common recommendation forms will in no way compromise the student's chances for admission. You are welcome to attach a narrative statement, but if you do so, we request that you complete the checkboxes on this form as well. Please do not complete this form prior to November of the current school year to ensure enough time has passed to give a fair evaluation of the student's current progress. Please return a copy of this form to Metropolitan School of the Arts in the envelope provided.

\_\_\_\_\_  
Teacher's Name (please print)

\_\_\_\_\_  
School Name

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How well do you know the student academically? \_\_\_\_\_

As a person? \_\_\_\_\_

In what years did you teach the student? \_\_\_\_\_

How large is the class? \_\_\_\_\_

What course(s)? \_\_\_\_\_

Is the student on a block schedule?  Yes  No

Is this course part of a tracking system or designated as an honors or accelerated course?  Yes  No

Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability.

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How accurately does the student read and understand what he or she has read?

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How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.

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How well does the student accept advice or criticism?

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What are the first three words that come to mind to describe this student?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top I have ever encountered	Excellent (top 10% this year)	Good (above average)	Average	Below average	No basis for judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively weak or strong in any areas listed above, please elaborate.

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

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

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Thank you for taking your time to complete this evaluation. Your reflections are an important part of the student's application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address

Please mail application to:  
 The Academy @ MSA • 5775 Barclay Dr, Suite 4 • Alexandria, VA 22315  
 Applications will be considered on a rolling basis.

Metropolitan School of the Arts admits students of any race, color, religion, sexual orientation, national or ethnic origin.