



PRINCIPAL/COUNSELOR RECOMMENDATION

The Academy @ Metropolitan School of the Arts
5775 Barclay Drive, 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 Fall 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 Metropolitan School of the Arts electronically at academy@metropolitanarts.org or by providing recommenders with stamped envelopes addressed to:

Metropolitan School of the Arts
Attn: Academy Admissions
5775 Barclay Drive, Suite 4
Alexandria, VA 22315

Name of parent or guardian please print

Signature of parent or guardian

Date

To the Principal/Counselor:

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. 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 with this form. 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 signed and completed copy of this form to Metropolitan School of the Arts in the envelope provided or electronically to academy@metropolitanarts.org.

Principal/Counselor Name (please print)

School Name

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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 worked with. 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%) | Good (above average) | Average | Below average | No basis for judgment |
|---|--|---------------------|----------------------|---------|---------------|-----------------------|
| Academic Potential | | | | | | |
| Academic Achievement | | | | | | |
| Organization | | | | | | |
| Creativity | | | | | | |
| Effort/Determination | | | | | | |
| Ability/Willingness to Work Independently | | | | | | |
| Concern for Others | | | | | | |
| Honesty/Integrity | | | | | | |
| Self-esteem | | | | | | |
| Maturity (relative to age) | | | | | | |
| Responsibility | | | | | | |
| Emotional Stability | | | | | | |
| Resilience | | | | | | |
| Readiness for College Prep Curriculum | | | | | | |
| Parent support of teacher(s) and school policies | | | | | | |
| Parent responsibility regarding financial obligations to school | | | | | | |

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

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

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 email recommendation to academy@metropolitanarts.org or mail to:
 Metropolitan School of the Arts • Attn: Academy Admissions
 5775 Barclay Drive, Suite 4 • Alexandria, VA 22315

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