



ENGLISH TEACHER 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 _____

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 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. 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.

Teacher's Name (please print)

School Name

ENGLISH TEACHER RECOMMENDATION

Name of Applicant _____
Last First Middle

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 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.

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

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

How well does the student accept advice or criticism?

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

1. _____

2. _____

3. _____

ENGLISH TEACHER RECOMMENDATION

Name of Applicant _____
Last
First
Middle

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%)	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.

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

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.