

Established 1867

OLDFIELDS

S C H O O L

Office of Admission and Financial Aid • Oldfields School • 1500 Glencoe Road • Glencoe, Maryland 21152-9321 • USA
 www.OldfieldsSchool.org • e-mail: Admission@OldfieldsSchool.org • Telephone: 1.410.472.4800 • Fax: 1.410.472.6839

TEACHER RECOMMENDATION: MATH

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 applicant.

 Name of parent or guardian

 Signature of parent or guardian

 Date

*The student whose name appears below has applied for admission to Oldfields School.
 Please complete the items below and return this form to Oldfields School by February 1.*

_____ has applied for admission to Oldfields School as a

day boarding student in the _____ grade for the academic year beginning Fall 20_____

How long have you known the applicant? _____ In what capacity? _____

In which course and level is this student enrolled? _____

Is this student an honors level candidate? _____

1. ACADEMIC RATINGS	Poor	Below Average	Average	Good	Outstanding
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustration Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PERSONAL RATINGS	Poor	Below Average	Average	Good	Outstanding
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain any poor or below average ratings. _____

3. CITIZENSHIP

	Yes	No	I do not know	I prefer not to answer
Do you have confidence in her good character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate recently been involved with the abuse of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate been in trouble with legal authorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate in any way been a disciplinary problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Briefly explain the reason for any disciplinary action taken. _____

4. What three words come to mind when you think of this student? _____

5. What are the applicant's strengths: _____ weaknesses: _____
as a student? _____ as a student? _____
as a person? _____ as a person? _____

6. I recommend this student in terms of both academic ability and character:

- enthusiastically strongly with mild enthusiasm* without enthusiasm* not recommended*

*Please explain _____

SUMMARY AND RECOMMENDATION

Please write a summary appraisal of the applicant that assesses her academic and personal qualities and potential as a student. We are interested in specific events and circumstances which give insight into her strengths and weaknesses. We are particularly interested in the applicant's maturity, integrity, and values. Please feel free to respond on a separate sheet of paper.

Signature _____ Position _____

Name _____ Date _____

School _____

Address _____

City and State/Region _____ (Postal code) _____

Telephone _____

E-mail _____