

# TEACHER RECOMMENDATION

Required of home-schooled students only.

## To the Applicant

Student's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

I waive my rights to see this form.  I do not waive my rights to see this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## To the Teacher

Your Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Please list the courses you have taught this student:

\_\_\_\_\_  
\_\_\_\_\_

How long have you known this student and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

Compared to other college-bound students whom you have taught, how would you rate this student in the following areas?

|                             | NO BASIS                 | BELOW AVERAGE            | AVERAGE                  | ABOVE AVERAGE            | TOP 10%                  | TOP 1%                   |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creativity/original thought | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| Independence/Initiative     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellect                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Communication       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work Ethic                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Student Rating      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you describe this student?

\_\_\_\_\_  
\_\_\_\_\_

If you have any general comments about this student, or elaboration of your responses, please share them with us on the back of this page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for Your Time!**

Please return the completed form to: Admissions Office  
Bryn Athyn College · 2965 College Drive, P.O. Box 717 · Bryn Athyn, PA 19009 USA  
Phone: 267.502.2511 · Fax: 267.502.2593 · www.brynthyn.edu