

Teacher Recommendation Form

Applicant's Section

Name

Address

City

State

Zip code

Country

Date of birth

Confidentiality Statement

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records if you participate in the five-week program at Emerson College. You may waive your right of access to this specific recommendation, if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for acceptance into the Summer Forensics Institute for High School Students. **Note:**

Emerson College does not save recommendations or applications to the Summer Forensics Institute for High School Students after they have been evaluated. Please check the appropriate box and sign your name below:

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

APPLICANT'S SIGNATURE

DATE

Teacher's Section I

Teacher, kindly complete sections I and II of this recommendation form. We will use the information you give us to evaluate the student's application to Emerson College's Summer Forensics Institute for High School Students. Thank you for your assistance.

Name (teacher)

High School

School Address

City

State

Zip code

Country

Office telephone

Office fax

Email

Teacher's Section II

What courses have you taught the applicant?

Please evaluate the applicant's characteristics, concerning the following:

	Poor	Average	Good	Excellent	Exceptional
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking 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"/>
Ability to take constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to complete assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We encourage you to write several paragraphs about the applicant's academic and personal characteristics on a separate sheet of paper. Please sign and date all separate sheets and enclose them in a sealed envelope together with this form before giving the envelope to the applicant. We are particularly interested in your comments about the applicant's academic work, intellectual qualities, level of maturity, and interest in developing skills in argumentation, public speaking, debate, and research. To your knowledge, does the applicant plan to pursue a college program in political science, communication, journalism or history? What strengths or weaknesses should we consider in evaluating the applicant? How would you describe the applicant's potential for success in a rigorous one-week summer program?

SIGNATURE

DATE

Please return this form in a sealed envelope, with your signature across the flap, to the applicant. The applicant must submit your recommendation with his or her application to:

Department of Professional Studies
Emerson College
120 Boylston Street
Boston, MA 02116