

THE
MONTFORT
ACADEMY

ENGLISH TEACHER RECOMMENDATION FORM

CONFIDENTIAL

To the Parents: As part of your child's application to The Montfort Academy, three letters of recommendation must be provided. By signing below, you acknowledge that the undersigned waives any right to receive or review the following recommendation, which will remain completely confidential between The Montfort Academy and the person completing the following form.

Signature of Parent or Legal Guardian _____ Date _____

Name of Applicant _____ Current Grade _____

To the Teacher: Please complete and return this form to The Montfort Academy, Attn: Reginald L. Johnson, at 125 East Birch Street, Mount Vernon, NY 10552. Thank you for your assistance!

Name _____ Position _____

E-mail _____ Telephone _____

Please respond to the following questions.

1. In what class do you teach this student? _____

2. How long have you known this student? _____

3. Please describe the candidate in three words. _____

4. Does the candidate read outside of school? Yes No

5. In comparison to other students you have taught, how would you rate this student's ability to write with mechanical and stylist clarity? Top 10% Top 25% Average Below Average

6. In comparison to other students you have taught, how would you rate this student's ability to articulate his/her ideas verbally? Top 10% Top 25% Average Below Average

7. In comparison to other students you have taught, how would you rate this student as an applicant to The Montfort Academy? Top 10% Top 25% Average Below Average

Please indicate the student's academic abilities in comparison to his/her peers.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to engage a text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General effort	<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"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information regarding the applicant's personality and character. In what environment does this student thrive?

Please use this space for any additional comments:

Signature _____ Date _____

The Montfort Academy admits students of any race, color, national, or ethnic origin. It does not discriminate on the basis of race, color, national, or ethnic origin in the administration of its educational policies, admission policies, scholarship programs, athletic programs, and other school-administered programs.

PLEASE COMPLETE AND RETURN RECOMMENDATION TO:

The Montfort Academy
Attn: Reginald L. Johnson
125 E. Birch Street
Mount Vernon, NY 10552
Tel: (914) 699-7090