



# Buffalo Prep

## High School Prep Teacher Recommendation Form—ELA

Student Name: \_\_\_\_\_

Please note that all recommendations are confidential. They will be reviewed by the Program Director and Admissions Team. They will not be shared with the student or his/her parents or guardians.

### Academic and Personal Characteristics

Please use an X or check mark to note your evaluation of the candidate based on the following characteristics.

	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic potential					
Acceptance of constructive criticism					
Attitude					
Concern for others					
Conduct					
Confidence					
Cooperation					
Creativity					
Curiosity					
Effort					
Focus					
Independence					
Integrity					
Leadership					
Maturity					
Motivation					
Organization					
Participation					
Perseverance					
Responsibility					
Willingness to seek help					

Recommenders may answer the questions below in the space provided or in a letter of recommendation. We ask that all questions are answered thoroughly; please provide any relevant details or examples.

**General Questions**

How long and in what capacity have you known the candidate?

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

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Please describe the quality of the candidate's academic work, in regard to preparation (on a day-to-day basis), the timeliness of his/her work, and the effort and commitment demonstrated through his/her work.

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Please tell us any additional information you think we should know about the candidate's academic performance, intellectual ability/potential, and personal qualities. You may also use this space to elaborate on any strengths and/or weaknesses demonstrated by the candidate.

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**English:**

How accurately does the candidate comprehend what he/she has read? Please be specific about the candidate's strengths and/or weaknesses.

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How well does the candidate write in comparison to his/her peers? Please be specific about the candidate's strengths and/or weaknesses.

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**Grade/Average:** \_\_\_\_\_

Thank you for your assessment of the candidate. We greatly appreciate your time and attention. Your participation is an essential part of our review and selection process.

May we contact you for additional information?      Yes \_\_\_\_\_      No \_\_\_\_\_

**Name of Recommender:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please send to: Buffalo Prep, ATTN Admissions, 18 Acheson Annex, University at Buffalo, Buffalo, NY, 14214 or [gdo2@buffalo.edu](mailto:gdo2@buffalo.edu), or by fax 716.829.2735.