

## CONFIDENTIAL RECOMMENDATION FORM

*Applicants for Grades 6 through 12*

### MATH TEACHER

Name of Applicant: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**To the Teacher:** This student is applying for admission to Léman Manhattan Preparatory School. In the selection of students, the Admissions Committee considers character and personality traits, as well as scholastic achievement. Your candid appraisal of the applicant's qualifications will aid us in the selection of students. This recommendation will be made available only to admissions and guidance officers of the school. Thank you for your assistance.

Please list the math textbook(s) this student is using this year and the chapters the s/he will cover.

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What grade is the student now receiving? \_\_\_\_\_

Do you consider this an accurate reflection of his/her ability? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

How well do you know this student? ☐ Casually ☐ Rather well ☐ Very well

What words first come to mind to describe this student?

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What are this student's chief strengths?

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In what areas could this student improve?

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How would you rate the applicant as to the following qualities?

	Below Average	Average	Above Average	Excellent	Outstanding
Intellectual Curiosity	<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"/>
Academic Performance	<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"/>
Critical Thinking Skills	<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"/>
Self-esteem	<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"/>
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to explain any of your checklist responses.

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I recommend this student to Léman Manhattan Preparatory School:

☐ without enthusiasm    ☐ fairly strongly    ☐ strongly    ☐ enthusiastically

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Signature: \_\_\_\_\_ Name (*print*): \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Please submit completed form to:**  
**LÉMAN MANHATTAN PREPARATORY SCHOOL**  
**UPPER SCHOOL**  
**ADMISSIONS OFFICE**

1 MORRIS STREET, NEW YORK, NY 10004  
PHONE: 212-232-0266  
FAX: 212-813-3216  
ADMISSIONS@LEMANMANHATTAN.ORG  
**LEMANMANHATTAN.ORG**