



St. Margaret's School

TEACHER RECOMMENDATION FORM

TO THE APPLICANT

- Complete this page, then give form to your current teacher (preferably math or English).
- Teacher should complete this form only once and mail a copy to St. Margaret's School, PO Box 158, Tappahannock, VA 22560 or scan and send to admit@sms.org

Name of Applicant (please print)

Applicant to Grade

Signature of Applicant

Date

TO THE PARENT/GUARDIAN

- Please read and sign the statement below:

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the student listed above.

Name of Parent/Guardian (please print)

Relationship to Applicant

Signature of Parent/Guardian

Date

TO THE TEACHER

- The submitted forms and records will be confidential. **Be sure the parent/guardian has signed the form in the space above.**
- You should complete one copy of this form per student and mail a copy to St. Margaret's School.
- When completed, be sure to submit all pages of this form, including this page, signed by the applicant/parent. You may include additional sheets as requested.

Thank you for taking your valuable time to complete this form. Your reflections are an important part of the student's application.

Name of Teacher (please print)

Title/Subject

Signature of Teacher

Date



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Name of Applicant (please print) _____

Please check marks at the points that represent your evaluation of the student in comparison to other students in her age group whom you have taught. If you have no fair basis for judgement, do not hesitate to say so.

	One of the top few I've encountered	Excellent (Top 10% this year)	Good (above average)	Average	Below Average	No basis for judgement
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to Take Intellectual Risks						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Faculty						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

Please provide any additional information that will give us a more complete picture of the student:

Signature _____ Date _____

School Street Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email _____ Phone _____ Mobile _____

If you have an additional information that you would like to share or would like to learn more about St. Margaret's School, do not hesitate to contact us.