



# TEACHER LETTER OF RECOMMENDATION

This form is to be completed by an English, Social Studies, Language, Math, or Science Teacher.

**APPLICANT INSTRUCTIONS:** After completing the applicant information below, give your teacher this form, along with a stamped envelope addressed to Notre Dame Academy.

Applicant Name \_\_\_\_\_

Current School \_\_\_\_\_

Current Grade \_\_\_\_\_

**TEACHER INSTRUCTIONS:** The applicant above is in the process of applying to Notre Dame Academy. Thank you for taking the time to provide the Admissions Committee with an assessment of this student's abilities and talents. This letter of recommendation will be kept strictly confidential.

Teacher Name \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

Current School \_\_\_\_\_ City \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

What subject(s) has the student taken with you? \_\_\_\_\_

Please describe the contributions this student has made in class. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the student's specific academic strengths and weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please assess the student in the following areas of learning competency.

|                       | Exceptional              | Above Average            | Average                  | Below Average            | N/A                      |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Achievement  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class Preparedness    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Analytical Skills     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please assess this student's characteristics and traits.

|                    | Exceptional              | Above Average            | Average                  | Below Average            | N/A                      |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivation         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respect            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concern for Others | <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"/> |
| Initiative         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability | <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"/> |

We welcome any additional comments and thoughts you feel would be helpful to us. \_\_\_\_\_

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I recommend this student for admissions: ☐ Enthusiastically ☐ Strongly ☐ With Reservation ☐ Not At All

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your time and effort to provide an assessment of this student. Please return this letter of recommendation by as soon as possible.

Notre Dame Academy  
Office of Admissions  
425 Salisbury Street  
Worcester, MA 01609  
or admissions@nda-worc.org