

Applicant's Name: _____ Applying for Grade: _____

Parent/Guardian Instructions: Please sign this form and give it to your child's current Math instructor. Please note that completed forms are the confidential property of Manlius Pebble Hill School and are not subject to parental review. By signing this form, you are hereby releasing authorization for representatives of Manlius Pebble Hill School to speak directly with the person completing this recommendation.

Parent or Guardian Signature: _____ Date: _____

To the Teacher: This child has applied for admission to Manlius Pebble Hill School. Your candid appraisal will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. Your evaluation will be strictly **confidential**. Thank you for your time and consideration.

How long have you known this student? _____

In what course do you currently teach this student? _____

Please evaluate the applicant in relation to other students of the same age/grade you have taught.

	Excellent	Good	Average	Below Average
Knowledge of basic math skills:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accuracy in use of basic math skills:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reasoning ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effort:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall command of mathematics:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math aptitude:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What math course would this student progress into next year? _____

Would you recommend this student for Honors or accelerated courses? Yes No

What are the first words that come to mind when describing this student? _____

What areas need strengthening? _____

Please note any behavioral problems you are aware of that may affect the student's performance at school:

Academic Qualities: Please fill out the appropriate circle for each category below:

	Excellent	Good	Average	Below Average
Attitude towards others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation/Initiative:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic performance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to reason abstractly:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to think logically:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to follow instructions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to seek help as needed:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to handle advice/criticism:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Class participation:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments: _____

Does the student attend school regularly? Yes No Is tardiness a problem? Yes No

I recommend this student for academic promise: strongly fairly strongly without enthusiasm

I recommend this student for personal character: strongly fairly strongly without enthusiasm

Recommenders Name and Title: _____ School: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Please return completed form to:
 MPH Office of Admissions
 5300 Jamesville Rd, Syracuse, NY 13214
 Email:admissions@mphschool.org • Fax: 315-446-2620

