

Applicant's Name: _____ Applying for Grade: _____

Parent/Guardian Instructions: Please sign this form and give it to your child's current English 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? _____

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

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

	Excellent	Good	Average	Below Average
Intellectual Curiosity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creativity and Imagination:	<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"/>
Relationship to peers:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to teacher and adults:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment on the following areas of development:

Social development: _____

Emotional development and personality: _____

Work habits: _____

Academic Skills (alphabetical recognition, number recognition, writing): _____

Areas in which the child excels: _____

Areas in which the child has the greatest needs: _____

Please feel free to share any additional comments or information that you believe will be helpful:

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

