

Teacher Recommendation

This form is to be completed by a current teacher in one of the Preparatory School's Admissions Office.	ne major disciplines and returned directly to Tampa
Name of Applicant	Applying for Grade

The parents of the above student have asked Tampa Preparatory School to consider their son/daughter for admission. Your assistance is essential in evaluating the applicant and in planning an academic program should this student be admitted. The Admissions Committee greatly appreciates your assistance in helping us become better acquainted with this student.

Student Evaluation Chart CHECK APPROPRIATE BOXES	NO BASIS FOR JUDGEMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	TRULY OUTSTANDING
Academic Potential						
Written Expression						
Conduct						
Oral Expression						
Organizational Skills						
Energy and Initiative						
Independence of Actions						
Sense of Responsibility						
Meeting Deadlines						
Leadership						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Reaction to Criticism						
Respect Accorded by Classmates						
Respect Accorded by Faculty						
Attendance						
Integrity						



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QUESTIONS	
1. Does the student have any difficulty (reading, speech, nervous disorder, etc.) If so, please explain briefly.	that impedes scholastic progress?
2. Is the applicant respected by teachers? By classmates? If not, please explain.	
3. Do you regard the applicant as able, both academically and socially, to advan If not, please explain.	ce to the next higher class in the fall?
STATEMENT	
The Admissions Committee would appreciate a frank statement that would be industry, persistence in the face of difficulties, personality and success compare adjustments to the requirements of his or her present class.	
Name	Subject
Signature	Date
Affiliation	

PLEASE RETURN THE COMPLETED FORM AS SOON AS POSSIBLE TO: ADMISSIONS OFFICE, TAMPA PREPARATORY SCHOOL, 727 WEST CASS STREET, TAMPA, FLORIDA 33606