Confidential Teacher Recommendation for Students Entering Grades 9-12
(Please submit after November 1)

Student/Applicant name _____ Applicant for grade _____ Years/months known _____

Teacher/Respondent name _____ Relationship to student _____

Class information: Title of course _____ # students in class _____ Class meets # days per week / minutes per session _____ / _____

Class level (circle one): Advanced/Honors Standard Developmental

To the Parents/Guardians: I hereby waive my right to access this recommendation and authorize the above-named person to provide an evaluation and all relevant information to the school for purposes of my child's application to attend the school.

Parent/Guardian name (please print) _____ Parent/Guardian signature _____ Date _____

To the Teacher/Respondent: The Breck Admissions Committee is in the process of establishing the appropriateness of our program for the above-mentioned student. Please know that all recommendations are confidential and will ***not*** become part of a student's permanent record. Thank you, in advance, for your willingness to help with our Admissions process.

Check the appropriate box:	Excellent (top 10%)	Good (above average)	Average	Below average	No basis for judgment
Academic potential					
Academic achievement					
Oral expression					
Intellectual curiosity					
Effort/determination					
Ability to work independently					
Receptiveness to criticism					
Organization					
Creativity					
Writing ability					
Willingness to take intellectual risks					
Honesty/integrity					
Self-esteem					
Resiliency					
Concern for others					
Conduct					
Maturity (relative to age)					
Responsibility					
Emotional stability					
Extracurricular involvement					
Interaction with peers					
Interacton with adults					
Overall evaluation as a citizen					
Overall evaluation as a student					

What words come to mind to describe this student?

1. _____ 2. _____ 3. _____

If the student is relatively weak or strong in any areas listed on the previous page, please elaborate:

Please comment on this student's character, citizenship, and contributions to your community:

Please comment on the family as a cooperative, supportive partner in your educational program:

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

To the best of my knowledge, the information given above is accurate.

Teacher/Respondent signature

Date

School name

School address (Street / City / State / ZIP)

Teacher/Respondent email address

Teacher/Respondent phone #

Please return this form to:

Breck School Admissions Office
123 Ottawa Ave N
Minneapolis, MN 55422-5189

Phone: 763-381-8200
Fax: 763-381-8288