

# English Recommendation for Admission to Palma School

*To be completed by the applicant's current English teacher.*

Name of Applicant \_\_\_\_\_ Current Grade Level 6 7 8 9 10 11

*This applicant is seeking admission to Palma School. Our ideal candidate has good character with a strong work ethic and a sincere desire to develop into their highest potential. This recommendation will assist us with our admission decision and, if admitted, help us with course placement.*

**These remarks will only be seen by the Palma School Admission Committee and will remain confidential.**

English course in which the applicant is currently enrolled:

\_\_\_\_\_ Letter Grade in Class A B C D

Textbook title(s):

\_\_\_\_\_

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

How well do you know them? ☐ Very ☐ Fairly ☐ Not very

To what extent has the applicant used their academic potential?

\_\_\_\_\_

\_\_\_\_\_

What is the quality of this applicant's performance in extracurricular activities? Does she/he exhibit strengths, talents and/or leadership?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this applicant have areas for growth or challenges for which we should be made aware? *(If yes, please explain.)*

\_\_\_\_\_

\_\_\_\_\_

Are there special or unusual circumstances (positive or negative) which may be relevant to this applicant's performance in school?

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any disciplinary actions? *(If yes, please explain.)*

\_\_\_\_\_

\_\_\_\_\_

Based on your experience with other students at this level, please rate this applicant in the following areas:

	Outstanding	Good	Average	Below Average	Poor	Not Observed
Aptitude for English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Reaction to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional Comments:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would: ☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Not Recommend

Placement: ☐ Basic ☐ Intermediate ☐ Advanced

Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Contact \_\_\_\_\_

**Please return this form to: Director of Admissions, Palma School, 919 Iverson Street, Salinas, CA 93901**