



CHARACTER RECOMMENDATION FORM

TO BE FILLED OUT BY APPLICANT

Please deliver this form to a pastor, counselor, teacher or other mentor. This recommendation should not be filled out by a family member or friend. The evaluator will send these forms directly to the Admissions Office. All information provided on the attached evaluation form will be held in the strictest confidence and will not be shared with students, parents or guardians.

Applicant's Name _____
Last (family) name First (given) name Middle name

Applying for Grade _____ Age _____ Male Female

Applicant's current school _____

Address of current school _____

Telephone _____

TO BE FILLED OUT BY EVALUATOR

Information will be kept confidential. Please be as thorough as possible. On behalf of this student we thank you for your cooperation.

Name: _____

In what role do you know the applicant? _____

School/Church/Organization: _____

Email: _____ Phone: _____

Recommend: Yes No Recommend with Reservation: Yes No

Have there been any discipline issues related to academic dishonesty, deception, attendance or disrespect to others? Yes No

If yes, please elaborate below or state that you would like to be contacted directly.

Has the student been on academic probation or similar action? Yes No

Compared to other students of the same grade level, please rate the applicant regarding the following characteristics: (check appropriate box)

	No Knowledge	Below Average	Average	Above Average	Exceptional
Responsibility					
Leadership					
Warmth of personality					
Sense of humor					
Concern for others					
Reaction to criticism					
Reaction to setbacks					
Maturity					
Good judgement					
Self-discipline					
Personal appearance					
Attendance					
Interaction with peers					
Shows respect for authority					
Works cooperatively					
Integrity					

PARENT/GUARDIAN INFORMATION: Please check the most appropriate description of the parent/guardian regarding the following characteristics:

	Did not observe	Rarely	Sometimes	Usually	Consistently
Has realistic expectations for their child					
Communicates openly with the school					
Follows the rules and policies of the school					
Cooperates with classroom teachers					
Cooperates with school administration					
Follows through with school recommendations					
Participates in school activities					

Are there any known custody issues with regards to this student that might affect our legally enrolling this student? Yes No

If yes, please provide a brief summary below or state that you would like to be contacted directly.

If applicable, does this family pay tuition/fees in a timely manner? Yes No

Additional Comments (optional):

Thank you for taking time out of your busy schedule to do this for your student.

Evaluator's Signature

Date

Please submit evaluation form to:
 Takoma Academy Preparatory School
 8300 Carroll Avenue, Takoma Park, MD 20912

Or email to:
kcastillo@taprep.org