



TEACHER RECOMMENDATION

Parent Instructions: You need to arrange with two of your child's teachers to provide us with written recommendations. Please complete this part of the form and give it to a teacher of your choice with the stamped envelope Hyla has provided, asking that they complete the form. Request that the recommendation be returned directly to Hyla Middle School to be received no later than February 27, 2017. The teachers will appreciate being given sufficient time to complete and return the form.

_____ is applying to grade ____ for the 2017-2018 school year.
(Student's Name)

Teacher Instructions: The above-named student has applied for admission to Hyla Middle School, an independent, co-educational school for students in grades 6, 7 and 8. The school has small classes, and groups students by grade level. Our curriculum is challenging and varied, and each student can expect to face situations he or she may not be used to. Our small size allows us to support students individually as needed. As a small school, an ability to get along with other students is important, and each student has the potential to give something back to the school to help it grow. We value your insight and your knowledge of this student, and thank you for your contribution to our admissions process. This recommendation will remain completely confidential and will not become part of the student's permanent file if he or she is admitted to Hyla Middle School. Please mail your completed recommendation to Hyla in the envelope provided no later than February 27, 2017.

Teacher's Name and Address:

School Name and Address:

Grade and/or Subjects Taught: _____

How long and in what circumstances have you known the applicant?

What words come to mind when you think of this child?

Please comment on your observations relative to this child's learning style.

Please rate the applicant in each of the following areas as:

O-Outstanding S-Strong A-Average NI-Needs Improvement

	<u>Rating</u>	<u>Comments</u>
Self-confidence	___	_____ _____
Creativity	___	_____ _____
Curiosity	___	_____ _____
Independence	___	_____ _____
Motivation	___	_____ _____
Peer relationships	___	_____ _____
Concern for others	___	_____ _____
Integrity	___	_____ _____
Study habits	___	_____ _____
Academic skills	___	_____ _____

Please write below any additional comments you feel would help our faculty make a well-informed decision.

If we would like further information, may we call you? () Yes () No

Phone Number _____ Signature _____

Hyla Middle School does not discriminate on the basis of race, color, religion, gender, disability, national or ethnic origin, sexual orientation, gender identity or other legally protected status in admission of otherwise qualified students or in providing access to the rights, privileges, programs, or activities generally available to all students and their families, including educational policies, financial aid programs, athletic, extra-curricular, other school-administered programs and activities, and hiring or employment practices.