

Teacher Recommendation

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

WAIVER: BY SIGNING BELOW, I AGREE TO WAIVE MY RIGHT OF ACCESS TO ANY INFORMATION PROVIDED TO TAMPA PREPARATORY SCHOOL BY THE TEACHER/ADMINISTRATOR WHO COMPLETES THIS FORM.

Name of Applicant _____ Applying for Grade _____

Signature of Applicant _____ Date _____

Signature of Parent _____ Date _____

The parents of the above student have asked Tampa Preparatory School to consider their son/daughter for admission. The Admissions Committee would be grateful if you would provide the information requested. 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 PLEASE 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						

Teacher Recommendation

Questions

1. Does the student have any difficulty (reading, speech, nervous disorder, etc.) that impedes scholastic progress?
If so, please explain briefly.

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 advance to the next higher class in the fall?
If not, please explain.

Statement

The Admissions Committee would appreciate a frank statement that would be helpful in evaluating the applicant's industry, persistence in the face of difficulties, personality and success compared to other students in making 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**