



Teacher Recommendation Form

TO BE RETURNED TO:
Director of Admission
The Clarkson School
Clarkson University
PO Box 5650
Potsdam, NY 13699-5650

This section to be completed by the applicant

Student Name _____

FIRST

MIDDLE

LAST

Student Address _____

STREET

CITY

STATE

ZIP

Student's Telephone _____

Name of Secondary School _____

Address of Secondary School _____

STREET

CITY

STATE

ZIP

Date on which form was presented to recommender _____

TO THE APPLICANT: After you have completed the information above, promptly give this form to your teacher.

TO THE RECOMMENDER:

The student named in this form has applied for admission to The Clarkson School, a special division of Clarkson University. The Clarkson School is an early entrance program that allows talented high school students, who have demonstrated strong academic preparation for college, the opportunity to enter college at the end of their junior year in high school.

Clarkson School students may have demonstrated interests in business, engineering, health sciences, humanities, natural science, physical therapy, or social science. They are considered fully matriculated first-year students and take challenging college courses with regular University students. They live in a residence hall with House Advisors. The living-learning atmosphere requires academic diligence, personal responsibility, and maturity in striving to make a smooth transition toward college life. After The Clarkson School year, some students remain as sophomores at Clarkson University, while others transfer to other colleges and universities.

Your full and candid appraisal of this student is an important part of the admission process. Since this is an early entrance program, it is essential that each candidate be evaluated most carefully. Consistent with provisions of the Educational Amendments of 1974, confidential materials used in admission are not subject to disclosure.

GENERAL RATINGS

In rating the student below, please remember that he or she will be compared with other very capable students. We recognize that you may not be able to rate with the precision implied in the various headings; use them as rough guides only. Place a check in the single most appropriate box. You may complete only parts, or none of this section, if you wish:

	BELOW AVERAGE	AVERAGE	GOOD	EXCELLENT (TOP 10%)	TOP FEW ENCOUNTERED	NO BASIS FOR JUDGMENT
Intellectual Ability						
Academic Achievement						
Academic Motivation						
Mathematical Skills						
Interest in Science						
Independence, Initiative						
Disciplined Work Habits						
Self Confidence						
Leadership						
Warmth of Personality						
Concern for Others						
Reaction to Setbacks						
Respect Accorded to Peers						
Respect Accorded to Teachers						

Do you have unqualified confidence in the applicant's integrity?

Yes See comments in Summary and Recommendations.

Do you feel that the applicant has sufficient social maturity and personal responsibility to enter an early admission college program that provides careful monitoring of individual progress?

Yes See comments in Summary and Recommendations.

SUMMARY AND RECOMMENDATIONS

Please write a summary appraisal that assesses the applicant's quality and promise as a Clarkson School student. Feel free to attach a letter or duplicated report if you prefer. You may wish to consider the following questions: Has the applicant shown genuine interest in academic work and made good use of his or her intellectual potential? What about the applicant's overall performance and leadership in extracurricular, community or work activities? How would you describe the applicant's character, aims, values and level of responsibility? Are there any special circumstances or background information that should be considered in our decision? (Use reverse side if necessary).

I recommend this applicant to The Clarkson School, in terms of academic ability, maturity, responsibility, and strength of character, as follows: Not recommended Fairly strongly Strongly Enthusiastically

Signature _____ Date _____

Teacher's Name Mr./Mrs./Ms. _____

Title/Position _____ PRINT OR TYPE School _____

How long have you known this student and in what context? _____

Teacher's Address _____

Teacher's Phone _____ Teacher's Fax: _____

Secondary School CEEB/ACT Code _____ AREA CODE NUMBER EXT AREA CODE NUMBER Teacher's E-Mail _____