

Established 1867

# OLDFIELDS

S C H O O L

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## TEACHER RECOMMENDATION: ENGLISH

**To the Parent/Guardian:**

Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation and the school report for the applicant.

\_\_\_\_\_  
 Name of parent or guardian

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_  
 Date

*The student whose name appears below has applied for admission to Oldfields School.  
 Please complete the items below and return this form to Oldfields School by February 1.*

\_\_\_\_\_ has applied for admission to Oldfields School as a

day  boarding student in the \_\_\_\_\_ grade for the academic year beginning Fall 20\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

In which course and level is this student enrolled? \_\_\_\_\_

Is this student an honors level candidate? \_\_\_\_\_

1. ACADEMIC RATINGS	Poor	Below Average	Average	Good	Outstanding
Ability	<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"/>
Participation in Class	<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"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<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"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustration Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PERSONAL RATINGS	Poor	Below Average	Average	Good	Outstanding
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warmth of Personality	<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"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<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"/>
Reaction to Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect Accorded by Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Politeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain any poor or below average ratings. \_\_\_\_\_



**3. CITIZENSHIP**

	Yes	No	I do not know	I prefer not to answer
Do you have confidence in her good character?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate recently been involved with the abuse of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate been in trouble with legal authorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the candidate in any way been a disciplinary problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly explain the reason for any disciplinary action taken. \_\_\_\_\_  
 \_\_\_\_\_

4. I recommend this student in terms of both academic ability and character:

- enthusiastically    strongly    with mild enthusiasm\*    without enthusiasm\*    not recommended\*

\*Please explain \_\_\_\_\_

5. Is this student prepared to continue in a foreign language and if so, at what level? \_\_\_\_\_

6. Number of absences for current school year \_\_\_\_\_, to date \_\_\_\_\_

7. The following are included with this recommendation.

- Description of school sectioning and grading policies (if available)
- Official transcript for current school year
- Previous year's transcript (if available)
- Any standardized testing (if applicant is a Maryland student, please include her Maryland State Assessment scores)

8. Please indicate if financial obligation to the current school has been met by this family.

- Yes    No    Not Applicable (we do not charge tuition)

**SUMMARY AND RECOMMENDATION**

*Please write a summary appraisal of the applicant that assesses her academic and personal qualities and potential as a student. We are interested in specific events and circumstances which give insight into her strengths and weaknesses. We are particularly interested in the applicant's maturity, integrity, and values. Please feel free to respond on a separate sheet of paper.*

Please check the box if you would be interested in receiving more information about Oldfields School.

\_\_\_\_\_  
 Signature Position

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

School \_\_\_\_\_

Address \_\_\_\_\_

City and State/Region \_\_\_\_\_ (Postal code) \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_