



TEACHER RECOMMENDATION FORM

1015 Philadelphia Avenue, Chambersburg, Pa. 17201
717-262-2002 | 800-421-8402 | FAX: 717-262-2546

Applicant's Name: _____
(Please Print)

TO THE STUDENT:

- This recommendation must be completed by an 11th- or 12th- grade teacher of an academic subject that includes English, mathematics, social studies, science or a foreign language.
- Sign your name as an indication that you waive your right to view this completed teacher recommendation:

Student's Signature: _____

TO THE TEACHER:

- Please indicate the subject for which you served as this student's instructor:
 English Math Social Studies Science Foreign Language

- Check the boxes that, in your opinion, indicate this student's abilities and academic performance:

	Above Average	Average	Below Average	N/A
Preparation for class	<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"/>
Consistency of performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for the opinions of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<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"/>
Ability to handle college-level work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below (continue on back, if necessary), please provide any additional insights into this student that will allow the Wilson staff to make a good admission decision.

Signature: _____ Date: _____

High School: _____

H.S. Mailing Address: _____

Daytime Phone Number: (_____) _____ Email: _____