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**Please return this form in a sealed envelope.
 (To be filled out by a teacher, counselor or principal)**

Recommendation Form

(Confidential)

The information provided will be used in the pre-admissions process and will not become part of the student's permanent file.

Student's Name (Last, Middle, First): _____

How long have you known this student? _____

In what capacity have you known this student? _____

Rate the Student on the following criteria (for each row, place one "X" in the most applicable area)

	No basis for Judgment	Excellent (Top 10%)	Above Average	Average	Below Average	Poor (Bottom 10%)
1. Academic Achievement						
2. Academic potential						
3. Attendance						
4. Classroom conduct						
5. Motivation/ Effort						
6. Attention /Concentration						
7. Ability to follow directions						
8. Ability to express ideas orally						
9. Ability to express ideas in writing						
10. Efficient use of time						
11. Study habits						
12. Perseverance under pressure						
13. Ability to work alone						
14. Ability to work in groups						
15. Self-confidence						
16. Self-Discipline						
17. Maturity						
18. Leadership						
19. Social interaction						
20. Concern and respect for others						

Please add any additional comments.

Your name: _____

Title: _____

Address: _____

Telephone numbers: _____

Fax number: _____

Email address: _____

Signature: _____

Date: _____ (month/day/year)