University School of the Lowcountry

Recommendation Form – Teacher/Coach/Mentor

_____   _____

Name of Student   Current Grade

The student named above is applying to University School of the Lowcountry (www.uslowcountry.org). University School is geared to above-average students and seeks the curious, self-motivated learner who thrives in a flexible yet challenging academic environment and exhibits most of the following characteristics:

* The desire to attend a challenging school and the willingness to develop one's abilities
* Strong academic history   * Curiosity, independence, and motivation
* Strong achievement   * High intellectual potential

A full report from the applicant's present school is necessary if he or she is to be given consideration for admission. Our ability to effectively evaluate this student is helped considerably by your timely and candid insights. All information that you furnish will be kept confidential to the extent the law allows and will not be retained as a part of the student's permanent record. On behalf of this student, we thank you for your cooperation.

Your name _____   Title _____

School / Organization_____

How long have you known the student? _____

In what capacity have you known the student? _____

What are the first three words that come to mind to describe this student?

1. _____   2. _____   3. _____

What are the student's strengths

_____

In which areas does the student need improvement

_____

How well does the student accept advice or criticism? _____

Which words best describe the student's thinking? ☐ Independent   ☐ Creative   ☐ Imitative   ☐ Other

Does this student have any particular interests or affinities you would like to share with us? _____

_____

Within your range of experience, how would you rate the student?
☐ Truly outstanding   ☐ Excellent   ☐ Good   ☐ Average   ☐ Below Average

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships within the community. Please evaluate the student in the following areas by placing a check in the appropriate column. *Please leave blank the characteristics that you are unable to comment upon because they do not apply, etc.*

ACADEMIC QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Attitude towards subject	☐	☐	☐	☐	☐	_____
Intellectual curiosity	☐	☐	☐	☐	☐	_____
Initiative	☐	☐	☐	☐	☐	_____
Academic performance	☐	☐	☐	☐	☐	_____
Academic ability	☐	☐	☐	☐	☐	_____
Ability to reason abstractly	☐	☐	☐	☐	☐	_____
Ability to think logically	☐	☐	☐	☐	☐	_____
Oral expression	☐	☐	☐	☐	☐	_____
Written expression	☐	☐	☐	☐	☐	_____
Reading comprehension	☐	☐	☐	☐	☐	_____
Creativity and imagination	☐	☐	☐	☐	☐	_____
Organizational ability	☐	☐	☐	☐	☐	_____
Stays on task	☐	☐	☐	☐	☐	_____
Motivation	☐	☐	☐	☐	☐	_____
Willingness to take intellectual risks	☐	☐	☐	☐	☐	_____
Perseverance and thoroughness	☐	☐	☐	☐	☐	_____
Ability to work in a group	☐	☐	☐	☐	☐	_____
Ability to work independently	☐	☐	☐	☐	☐	_____
Seeks help when needed	☐	☐	☐	☐	☐	_____
Class participation	☐	☐	☐	☐	☐	_____
Study habits	☐	☐	☐	☐	☐	_____

PERSONAL QUALITIES

	Truly Outstanding	Excellent	Good	Average	Below Average	Comments
Honesty/integrity	☐	☐	☐	☐	☐	_____
Self-esteem	☐	☐	☐	☐	☐	_____
Self-discipline	☐	☐	☐	☐	☐	_____
Receptivity to others' ideas	☐	☐	☐	☐	☐	_____
Leadership	☐	☐	☐	☐	☐	_____
Peer compatibility	☐	☐	☐	☐	☐	_____
Relationship with teacher(s)	☐	☐	☐	☐	☐	_____
Sensitivity to others' feelings/ respect for individual differences	☐	☐	☐	☐	☐	_____
Responsibility	☐	☐	☐	☐	☐	_____
Reaction to setbacks	☐	☐	☐	☐	☐	_____
Maturity (relative to age)	☐	☐	☐	☐	☐	_____
Sense of humor	☐	☐	☐	☐	☐	_____

Is there any additional information that would be helpful to us in our evaluation of this applicant? _____

_____

_____

PARENT-SCHOOL/ORGANIZATION RELATIONSHIP

Parents are an important part of our relationship with the student. To the best of your knowledge and with careful consideration to accuracy, please share with us any thoughts you have regarding this applicant's family, including their involvement with your school / organization / program.

_____

_____

To your knowledge, is the parents' perception of their child compatible with the organization's understanding of the child?

Please comment. _____

_____

Are you aware of any family circumstances that affect the student's life in your program / organization? _____

_____

Which word(s) best describe the parents in regard to their child?

1. _____   2. _____   3. _____

Please explain _____

_____

Additional comments _____

_____

Signature _____   Date _____

If we have additional questions, may we contact you? ☐ Yes   ☐ No

     Phone number _____ Most convenient time to call is _____

     Email address _____

Thank you again for your time and the helpful information you have provided. If you have any questions about University School of the Lowcountry, please take a moment and look at our website (www.uslowcountry.org). Please also feel free to call (843-884-0902) or email (info@uslowcountry.org) with comments/questions.

SUBMITTING THE RECOMMENDATION
Recommendations may be submitted in one of three ways:

1) By mail, using the following address
    University School of the Lowcountry
    P.O. Box 665
    Mt. Pleasant, SC 29465-0665

2) By fax, using the following phone number
    University School of the Lowcountry
    843-884-0905

3) Return to the applicant's parent/guardian for inclusion in the child's application packet
    * Please place the recommendation in an envelope, seal it, and write your signature across the seal.*

Non-Discrimination Policy
University School of the Lowcountry is committed to its growth as an institution that welcomes and values a diversified school community. The school does not discriminate on the basis of race, national or ethnic origin, religion, economic background, or any other classification protected by law in the administration of its educational policies, financial assistance policies, or any other school policy or program.