MIDDLE SCHOOL TEACHER RECOMMENDATION

To the middle school teacher:

The following information provided by you will be kept confidential.

Please mail or email (dmarx@scrantonprep.org) this form to Daniel Marx at Scranton Prep by **Monday, April 1**.

Applicant Name ___________________________  School __________________

Your Name _______________________________  Your Email _________________________

Does this student work to his/her academic potential? __________

Please comment on this student’s level of maturity, leadership, influence on others

______________________________________________________________________________

______________________________________________________________________________

Is this student known for good behavior? __________  If no, explain: __________

______________________________________________________________________________

Does this student have any learning disability that we should be aware of? __________

______________________________________________________________________________

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<th>Strongly recommend</th>
<th>Recommend as acceptable</th>
<th>Recommend with reservation</th>
<th>Do not recommend</th>
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<td>As a student?</td>
<td>□</td>
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<td>As a person?</td>
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Teacher Signature