

PERSONAL RECOMMENDATION

FOR GRADES 6 THRU 12

Please submit this recommendation to be completed by a non-academic referral, such as a coach or extracurricular supervisor.

Applicant's Name: _____ Applying for Grade: _____

To the parent or guardian: All evaluations are the confidential property of Manlius Pebble Hill School and are not subject to parental review.

Parent or Guardian Signature: _____ Date: _____

To the teacher: This child has applied for admission to Manlius Pebble Hill School. Your candid appraisal will be of invaluable assistance in giving us a complete and fair evaluation of this applicant. Your evaluation will be strictly **confidential**. Thank you for your time and consideration.

How long and in what capacity have you known the applicant? _____

What is the applicant's level of commitment? Please note any significant contribution or distinction. _____

What adjectives or phrases would you use to describe the applicant? _____

How does the applicant respond to: _____

Peers? _____

Adults? _____

Advice? _____

Criticism? _____

Please add any additional information that will give us a more complete picture of the applicant. _____

Continued on opposite side



Please return as soon as possible to:

Director of Admission
 Manlius Pebble Hill School
 5300 Jamesville Road
 DeWitt, NY 13214
 315.446.2452

Personal Qualities: Please fill in the appropriate circle for each category below.

	Excellent	Good	Average	Below Average
Honesty/Integrity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-esteem:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-discipline:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship to teacher:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sensitivity to others' feelings:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to setbacks:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional maturity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of humor:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- I recommend this student for admission:** strongly fairly strongly without enthusiasm
- I recommend this student for academic promise:** strongly fairly strongly without enthusiasm
- I recommend this student for character and personal promise:** strongly fairly strongly without enthusiasm

Signature: _____ Date: _____

Referral's Name: _____ Title: _____

School (if applicable): _____

If necessary, may we contact you for additional information? Yes No

If yes, please provide your phone number and most convenient time to call: () - : AM/PM