



STATEN ISLAND ACADEMY
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www.statenislandacademy.org

Teacher Recommendation Form, Grades 3-12

Applicant's Name _____

Current School _____ Current Grade _____

School Address _____

Teacher's Name _____ Subject Math English

To the Parent

Grades 3-4: Please fill out the information above and give this form with the enclosed stamped envelope to your child's classroom teacher.

Grades 5-12: Please fill out the information above and give this form with the enclosed stamped envelope to your child's Math and English teacher.

To the Teacher

This student is applying for admission to Staten Island Academy. Please complete this form and return it directly to the Admissions Office as soon as possible. All remarks will remain confidential and will become part of the student's application.

Describe the student's academic achievements, classroom conduct, learning style and contributions to the school in the space below.

Please check the appropriate boxes below. Compare the applicant to other students of the same age.

	Excellent	Good	Average	Below Average	Comments
Hands in work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeks assistance if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes transitions easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works well in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaction to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signed _____ Date _____

Title _____ E-mail Address _____