



# Teacher Recommendation

For all K – 8 applicants to Merritt Academy

## Part I: Parent/Guardian

Please complete the top section of this form before delivering to your child’s teacher. For students entering grades 6 – 8, you must select a teacher in one of the four core subjects: language arts, math, science or social studies.

Student’s name: \_\_\_\_\_ Applying for grade: \_\_\_\_\_

I, (name of parent/guardian) \_\_\_\_\_ understand the confidentiality of this recommendation and waive my right to view the completed form.

Parent/guardian’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II: Teacher

Please answer the following questions truthfully and thoughtfully. Your responses will remain confidential, as indicated in the signed statement above, so please be candid. We are aware of each child’s evolving development. This recommendation is only one component of this child’s applicant profile. Your information will assist us in determining admission and/or placement. Please complete both sides of the form and return to Merritt Academy within two weeks of the above date. We sincerely appreciate your time and effort.

Please return your completed recommendation to Merritt Academy within two weeks of receipt. Forms can be sent electronically to admissions@merrittacademy.org, faxed to (703) 591-1431 or mailed to:

**Merritt Academy**  
**Attn: Director of Admissions**  
**9211 Arlington Boulevard**  
**Fairfax, VA 22031**

Teacher’s name: \_\_\_\_\_ Subject(s) taught: \_\_\_\_\_

What words first come to mind when you think of this student? \_\_\_\_\_

**CHARACTER TRAITS:** Please select the traits that you feel the student exhibits consistently.

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Respect      | <input type="checkbox"/> Attentiveness  | <input type="checkbox"/> Sharing       | <input type="checkbox"/> Self-Control    |
| <input type="checkbox"/> Thankfulness | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Joyfulness    | <input type="checkbox"/> Wisdom          |
| <input type="checkbox"/> Caring       | <input type="checkbox"/> Patience       | <input type="checkbox"/> Love          | <input type="checkbox"/> Cooperation     |
| <input type="checkbox"/> Honesty      | <input type="checkbox"/> Kindness       | <input type="checkbox"/> Forgiveness   | <input type="checkbox"/> Helpfulness     |
| <input type="checkbox"/> Perseverance | <input type="checkbox"/> Politeness     | <input type="checkbox"/> Neatness      | <input type="checkbox"/> Citizenship     |
| <input type="checkbox"/> Courage      | <input type="checkbox"/> Tolerance      | <input type="checkbox"/> Sportsmanship | <input type="checkbox"/> Self-Confidence |

What strengths has the student exhibited in the current learning environment?

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What challenges has the student exhibited in the current learning environment?

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Do you have any additional comments/observations about the student? If necessary, feel free to attach a separate page:

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**ACADEMIC TRAITS:** For each trait, please select the choice which best describes the student.

Academic potential	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Academic achievement	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Initiative	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Self-discipline	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Ability to work in a group	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Ability to work independently	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Study habits	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Intellectual curiosity	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Ability to stay on-task	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Ability to follow directions	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Class participation	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Attendance	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Oral communication	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Written communication	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Focus/attention span	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
Creativity	<input type="checkbox"/> Consistently/Always	<input type="checkbox"/> Often	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never

Does the student have any other outstanding abilities or challenges? Yes\*  No

Are you aware of any independent evaluations (physical/emotional/academic)? Yes\*  No

Does this student receive any special accommodations? Yes\*  No

\*If you answered “yes” to any of the above questions, please explain: \_\_\_\_\_

Teacher's name: \_\_\_\_\_  
Print Name

Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you with follow-up questions? Yes  No

If yes, please provide your preferred contact information:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_