

TO THE APPLICANT: Please type or print your name and give this form to your current English teacher with a stamped envelope addressed to: York School Admission Office, 9501 York Road, Monterey, CA 93940.

Applicant Name: _____

Applying to Grade: _____

TO THE PARENT/GUARDIAN: For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian: _____

Date: _____

TO THE TEACHER: York School is a selective, college preparatory, coeducational, independent day school for grades 8-12. We seek to inspire creativity and critical thinking, awareness of global cultures and environmental sustainability, and lifetime of inquiry. This form is part of the admission application to York School, and your insight and comments are key to the evaluation of the applicant. Thank you for your assistance.

1. What are the first words that come to mind when describing this student?
2. How accurately does the student read and understand what he or she has read?
3. How well does the student write in comparison with other students whom you have taught? Please be specific about areas of strength and weakness.
4. Does this student have weaknesses or challenges of which we should be aware? Are there special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school? Please address, if any, extraordinary effort, learning differences, excessive absences, need for additional supervision, etc.
5. What are your impressions of this student as a person? Consider maturity, integrity, behavior, relationship with peers, self-confidence, ability to accept advice or criticism.
6. Please add any additional information that will give us a more complete picture of the student.

ACADEMIC AND PERSONAL QUALITIES

	No Opportunity to Observe	Poor	Below Average	Average	Above Average	Excellent (Top 10% this Year)	One of the Best Ever
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Effort/determination							
Intellectual curiosity							
Critical and abstract thinking skills							
Willingness to take intellectual risks							
Creativity							
Self-confidence							
Leadership potential							
Reaction to criticism/setbacks							
Concern for others							
Emotional stability							
Responsibility							
Honest/integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							
If the student is relatively weak or strong in any areas listed above, please elaborate.							

OVERALL RECOMMENDATION

	Not at All	With Reservation	Mildly	With Confidence	Enthusiastically
Academic ability and promise					
Character and personal promise					

RECOMMENDING TEACHER INFORMATION

How familiar are you with York's program? Not at All Somewhat Fairly Very Familiar

Is there additional information that can be better conveyed in a phone conversation? Yes No

Hours and best number where you can be reached: _____

Name: _____ Position: _____

Subject(s) you taught applicant: _____ In grade(s): _____ Grade(s) received: _____

School: _____ Phone with ext.: _____ Email: _____

Signature: _____ Date: _____

TO THE APPLICANT: Please type or print your name and give this form to your current mathematics teacher with a stamped envelope addressed to: York School Admission Office, 9501 York Road, Monterey, CA 93940.

Applicant Name: _____ Applying to Grade: _____

TO THE PARENT/GUARDIAN: For the student named above, I authorize the release of school records, including an official transcript of all grades for the past two years as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendations and the school report.

Signature of Applicant's Parent or Guardian: _____ Date: _____

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1. What are the first words that come to mind when describing this student?

2. This student is enrolled in: Arithmetic Pre-Algebra Algebra Geometry Other: _____
 Section level of course: Remedial Regular Advanced Mixed ability Common Core

Textbook(s): _____ Suggested math placement for next year: _____

3.

	No Opportunity to Observe	Poor	Below Average	Average	Above Average	Excellent (Top 10% this Year)	One of the Best Ever
Knowledge of basic skills							
Accuracy in the use of basic skills							
Problem solving ability							
Reasoning ability							
Conceptual understanding vs. memorization							
Command of mathematics when compared to other students whom you have taught							

4. Does this student have weaknesses or challenges of which we should be aware? Are there special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school? Please address, if any, extraordinary effort, learning differences, excessive absences, need for additional supervision, etc.

5. What are your impressions of this student as a person? Consider maturity, integrity, behavior, relationship with peers, self-confidence, ability to accept advice or criticism.

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

ACADEMIC AND PERSONAL QUALITIES

	No Opportunity to Observe	Poor	Below Average	Average	Above Average	Excellent (Top 10% this Year)	One of the Best Ever
Study habits							
Attention span							
Ability to work independently							
Ability to organize and communicate ideas							
Effort/determination							
Intellectual curiosity							
Critical and abstract thinking skills							
Willingness to take intellectual risks							
Creativity							
Self-confidence							
Leadership potential							
Reaction to criticism/setbacks							
Concern for others							
Emotional stability							
Responsibility							
Honest/integrity							
Ability to act independently							
Ability to work cooperatively							
General level of maturity							
Sense of humor							
If the student is relatively weak or strong in any areas listed above, please elaborate.							

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Subject(s) you taught applicant: _____ In grade(s): _____ Grade(s) received: _____

School: _____ Phone with ext.: _____ Email: _____

Signature: _____ Date: _____



Current Principal or Counselor Recommendation

Deadline: February 1, 2019

TO THE APPLICANT: Please type or print your name and give this form to your current Principal or Counselor with a stamped envelope addressed to: York School Admission Office, 9501 York Road, Monterey, CA 93940.

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Signature of Applicant's Parent or Guardian: _____ Date: _____

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1. For how long and in what context have you known this student?
2. What are the first words that come to mind when describing this student?
3. Please comment on this applicant's special interests, talents, and abilities.
4. Does this student have weaknesses or challenges of which we should be aware? Are there special or unusual circumstances (positive or negative) which may be relevant to the student's performance in school? Please address, if any, extraordinary effort, learning differences, excessive absences, need for additional supervision, etc.
5. What are your impressions of this student as a person? Consider maturity, integrity, behavior, relationship with peers, self-confidence, ability to accept advice or criticism.
6. Should the admission committee be made aware of any factors or disciplinary actions that have affected this student's academic or social progress to date?
7. Please add any additional information that will give us a more complete picture of the student.

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Ability to work independently							
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Signature: _____ Date: _____