

Teacher Recommendation

Learning Disabilities Program

TO THE APPLICANT:

Please complete the brief section below before giving this form to your teacher. Be sure to allow ample time for the individual writing on your behalf to respond before deadline dates. Applicants are responsible for ensuring the arrival of all materials necessary to complete their application including transcripts and recommendations. You must submit **four (4)** separate Teacher Recommendations in order for your application to be processed.

Please type or print in black ink.

Name of Applicant: _____
Last
First
Middle

Current Address: _____
Telephone Number
Street
Apt. #

City
State/Providence
Zip Code
County (if Missouri)
Country

TO THE TEACHER:

The student for whom this form is being filled out is applying for admission to the Learning Disabilities Program at Westminster College. It is a demanding program, requiring highly motivated, capable students. Test scores, grades and interview performance will indicate a student's potential to a large degree. However, your assessments are extremely important as well in our evaluation of the applicant. We appreciate your time and encourage your comments. Thank you.

Please type or print in black ink.

Teacher's Name: _____ Subject: _____ Date: _____

Part 1

	Generally	Sometimes	Rarely
1. Does the student accept responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student complete responsibilities on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student give up quickly or demonstrate frustrations when difficulties are encountered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student have difficulty concentrating even with short assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the student appear to be excessively dependent on parent or teacher assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the student grasp abstract concepts adequately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the student seem capable of recalling information for exams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the student easily recognize the main idea of a reading section?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the student contribute relevant information to the class as well as ask pertinent questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Can the student express himself/herself adequately in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the student seek out assistance when needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2

What do you regard as the main difficulties this student may encounter in a college curriculum?

Part 3

Please comment on the student's chances for success in a liberal arts and sciences college.

Part 4

Please rate the applicant in regard to the following:

	Superior	Above Average	Average	Below Average	Unable to Judge
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please call me, I have additional comments. Phone Number: _____

Signature: _____ Date: _____

This is a confidential recommendation. Please mail completed recommendation to:

Westminster College
Office of Enrollment Services
501 Westminster Avenue
Fulton, Missouri 65251

(573) 592-5251 • (800) 475-3361
(573) 592-5255 fax