



MERCYHURST COLLEGE

TEACHER RECOMMENDATION FORM

501 East 38th Street • Erie, PA 16546-0001 • (814) 824-2450 • 1-800-825-1926, ext. 2450

PLEASE TYPE OR PRINT IN BLACK INK

The student for whom this form is being filled out is applying for admission to the Learning Differences Program at Mercyhurst College. It is a demanding program, requiring 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.

Name of Applicant _____
LAST FIRST MIDDLE

Teacher's Name _____ Date of Birth _____

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 frustration when difficulties are encountered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student have difficulty concentrating 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:

In your opinion, what are the difficulties this student may encounter in a college curriculum?

(continued on back)

PART 3:

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"/>

THIS IS A CONFIDENTIAL RECOMMENDATION.

Please mail completed recommendation to:

Mercyhurst College • Admissions Office • 501 East 38th Street • Erie, PA 16546-0001