

# Teacher Recommendation Form



Mercyhurst College • 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 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 the 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 \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_  
MONTH / DAY / YEAR

## 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?

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(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