



ACADEMIES @ ENGLEWOOD

Englewood Public School District

274 Knickerbocker Road

Englewood, NJ 07631

T: 201.862.6269 F: 201.862.6110

www.academies-englewood.org

Math RECOMMENDATION

TO THE TEACHER COMPLETING THIS RECOMMENDATION FORM

The student is applying for admission to the ACADEMIES @ ENGLEWOOD programs in either Biomedicine, Law & Public Safety, Pre-Engineering, Information Systems, or Finance. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from our full-time programs. This information is held in strict confidence. If you have any questions, please call Leslie Eaton at 201-862-6269 or leaton@epsd.org.

**ALL APPLICATION MATERIALS MUST BE EMAILED OR POSTMARKED NO LATER THAN
Wednesday, November 23, 2016**

Return this recommendation form to admissions@epsd.org or:

ACADEMIES @ ENGLEWOOD
Englewood Public School District
Leslie Eaton, ADMISSIONS
274 Knickerbocker Road
Englewood, NJ 07631

Student's Last Name (print) _____ First Name _____

In what course(s) did you teach this student?

Compare this student to others in classes at his/her level.

| | Below Average | About Average | Above Average | Excellent (Top 20%) | Outstanding (Top 5%) |
|----------------------|------------------|------------------|------------------|------------------------|-------------------------|
| Ability | _____ | _____ | _____ | _____ | _____ |
| Academic Achievement | _____ | _____ | _____ | _____ | _____ |
| Appropriate Behavior | _____ | _____ | _____ | _____ | _____ |
| Work Habits | _____ | _____ | _____ | _____ | _____ |

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

PROFILE INFORMATION/MATHEMATICS

In the space provided, please describe any traits, unique abilities, and overall potential in mathematics this applicant possesses that will be helpful in evaluating him/her as a prospective student for the ACADEMIES @ ENGLEWOOD, CLASS OF 2021.

What, if any, are your reservations in recommending this student? Please be candid.

| | |
|-------------------------------|----------|
| Teacher's Name (please print) | Position |
| School | Phone |
| Signature | Date |