



Part III: Teacher Recommendation Form

steppingstone
FOUNDATION

Due: January 4, 2019

To the Parent/Guardian: Please print your student's name and school information in this box, sign and then give this form and the pre-addressed envelope to your student's current teacher. The teacher should send this form directly to Steppingstone.

Student's Full Name: _____

Current School: _____ Current Grade: _____

I hereby give permission for The Steppingstone Foundation to request and obtain the academic records for my child.

Parent/Guardian Signature: _____ Date: _____

To be Completed by the Teacher

The student named above is a candidate for admission to The Steppingstone Academy, an out-of-school-time program that prepares fourth grade students for admission to independent schools and fifth grade students for admission to both public exam schools and independent schools. A strong candidate is an academically motivated student whose family actively supports the student's education, and demonstrates a need for our tuition-free services. We consider the academic and personal qualities of each student in our admission process, so we appreciate your candid and thoughtful responses. This recommendation will be kept *strictly confidential* and will not be disclosed to the applicant, to the applicant's family members, or any other person not affiliated with The Steppingstone Foundation.

Submission of Grades & Scores

Steppingstone requires recent standardized test scores and 1st term report card to consider a candidate for admission. Please check the boxes below to indicate the information you have enclosed. If the information is not available, please explain.

1st Term Report Card (for current school year)

If not enclosed, explain: _____

Spring 2018 Testing (i.e MCAS, Terra Nova, Stanford 10, MAP)

⇒ MCAS ELA: _____ MCAS Math: _____ If not enclosed, explain: _____

(Optional) Other testing

Explain type of testing: _____

Evaluation of Candidate (attach additional sheet if needed)

1. How long have you known the candidate and in what capacity?

Does this student have an IEP or a 504 plan? If yes, in what area(s) and what accommodations does the student require?

2. What contact have you had with this student's parent(s)/guardian(s)? To what extent are they involved in their child's education?

3. What three words come to mind in describing this student? _____

For Office Use Only:

Received: _____ Portal Date _____ Data Entered: _____
Date Initials Date Initials Date Initials

4. Please comment on this student's character, citizenship and contributions to your classroom.

5. Is the student currently working to his/her potential? What are the student's areas for improvement?

6. Steppingstone is a challenging program in which students receive extra, advanced work outside of school. How do you think this student would adapt to balancing their existing school workload with the Steppingstone workload?

7. In relation to your current and former students, please rate the candidate by checking the appropriate boxes:

	<u>Exceptional</u> Top 5% in career	<u>Excellent</u> Top 10% this year	<u>Good</u>	<u>Fair</u>	<u>Developing</u>
a. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Homework completion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Quality of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Classroom participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Effort/determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Conduct/behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attention/concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Study habits/organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Overall enthusiasm for school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If you checked 'exceptional', 'fair' or 'developing' for any of the categories above, please elaborate:

9. Do you support this student's application to our program?
 - Yes, with great enthusiasm!
 - Yes, with no reservations.
 - Yes, with some reservations. Please explain:
 - No, I do not recommend this student. Please explain:

Mr. Ms. Mrs. Teacher's Full Name: _____
First *Last*

School: _____ Daytime phone: _____

Email: _____ Are you an AWC teacher? Yes No

Signature: _____ Date: _____

Please submit this recommendation, the student's standardized test scores, and report card by **January 4, 2019** in the envelope provided to:
 The Steppingstone Academy, Admission Department - One Appleton Street, 4th Floor, Boston, MA 02116.
 If you have questions, please contact us at 617-423-6300 or kng@tsf.org. **Our fax number is 617-423-6303.**
The Steppingstone Academy is a program of The Steppingstone Foundation®. The Steppingstone Foundation is committed to a policy of equal treatment for all individuals.