

2017 TEACHER RECOMMENDATION



NOT REQUIRED FOR CAP AND DIGITAL MEDIA APPLICANTS

Instructions to Students

Fill out the Student Information section in the box below and give this form to the teacher or guidance counselor you would like to use as a reference. Have them return it to our offices via the information at the end of the form.

IMPORTANT: Students applying to a program or taking courses conducted in a language other than their native language must use their language teacher as a teacher reference.
LETTERS OF RECOMMENDATION WILL NOT BE ACCEPTED

Instructions to Teachers

The student named above is applying to a Summerfuel program. Before completing this recommendation, please make yourself familiar with the program the student is attending by visiting www.summerfuel.com. All Summerfuel programs demand a significant amount of maturity and flexibility. Acceptance to this program requires that students show evidence of intellectual curiosity and be socially and emotionally mature enough to handle the choices, boundaries and opportunities they might encounter. On the basis of these criteria, we welcome your evaluation of this student's ability to participate successfully in a Summerfuel program. **Please do not include or substitute a letter of recommendation.**

Student Information

Student's Name	
FIRST	LAST
Summerfuel Program:	
AM Course	PM Course
Under the provisions of the Family Education and Privacy Act, I waive any right of access that I might have to this evaluation: _____	
INITIALS	

To be completed by teacher/guidance counselor:

How many years have you known this student? _____ In what capacity? _____

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Academic Achievement				
ACTUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Rules and Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "below average", please explain how this may affect the student's success during the program.

Has the student ever been involved in any disciplinary action in your school? Yes No

If you answered "yes," please use the space provided to explain if possible.

How do you feel your student will most benefit from attending this Summerfuel program? (Please visit www.summerfuel.com for information on the program)

FOR ESL STUDENTS APPLYING TO A PROGRAM CONDUCTED IN A LANGUAGE OTHER THAN THEIR NATIVE LANGUAGE.

What is this student's native language? _____ How many years has this student been studying English? _____

Please assess the student's linguistic ability in the following areas:

	BEGINNER	INTERMEDIATE	EXCELLENT	FLUENT
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Recommendation

- I recommend this candidate without reservation
- I recommend this candidate with reservation (please attach explanation)
- I feel this candidate is unsuited for the program at this time

Full Name (PRINT)

Job Title

Signature

Date

School

City/State

Country

Email

Tel

To submit, please send completed and signed document to:

MAIL: Summerfuel Admissions, 19 West 21st Street, Suite 702, New York, NY 10010 **EMAIL:** apply@summerfuel.com

FAX: +1.212.796.8359 **ONLINE:** my.summerfuel.com

Questions? Please contact our NYC office at info@summerfuel.com or +1.212.796.8340