Adelphi Academy of Brooklyn

FORM D — TEACHER RECOMMENDATION FORM

_____ has applied for admission to Adelphi Academy of Brooklyn.
Name of Applicant

In order to make a fair evaluation of this student's probability for success at Adelphi, the Office of Academy Admissions needs to have accurate knowledge regarding this student's past school performance. Please comment on this individual's intellect, academic achievement, classroom behavior, class participation, social interaction, emotional development and creativity. Please feel free to attach any other relevant information you wish.

All information will be held in strict confidence and will be used only for the purposes of admissions. Thank you in advance for your assistance.

(SCHOOL SEAL)

PLEASE AFFIX THE SEAL OF THE SCHOOL HERE TO MAKE THIS DOCUMENT OFFICIAL

Teacher's Name: _____

Teacher's Signature: _____ **Date:** _____

In what context do you know the student?

_____

_____

Name of School: _____

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