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 Mariette Ng at 201-862-6222/201-862-6215.

ALL APPLICATION MATERIALS MUST BE POSTMARKED NO LATER THAN
December 11, 2020

Return this recommendation form to:

ACADEMIES @ ENGLEWOOD
Englewood Public School District
Mariette Ng, ADMISSIONS
274 Knickerbocker Road - Englewood, NJ 07631

~Or email to~
admissions@epsd.org

<table>
<thead>
<tr>
<th>Student’s Last Name (print)</th>
<th>First Name</th>
<th></th>
</tr>
</thead>
</table>

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

_________________________

_________________________

_________________________

_________________________

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

<table>
<thead>
<tr>
<th>Ability</th>
<th>Below Average</th>
<th>Above Average</th>
<th>About Average</th>
<th>Excellent (Top 20%)</th>
<th>Outstanding (Top 5%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate Behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.
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 2025.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Teacher’s Name (please print)  Position

School  Phone

Signature  Date