



WEBB INSTITUTE

298 Crescent Beach Road,
Glen Cove, NY 11542-1398

Deadlines (please check one)

- Early Decision – October 15
- Regular Decision – February 1

Teacher Recommendation Form

Applicant Information: To be filled out by applicant (please print)

Legal Name _____ Date of Birth: _____
 First Middle Last

Name of High School _____

High School Address _____
 Street City State Zip

I have requested that the remainder of this Secondary School Report Form be completed by a school official for use in Webb Institute’s admissions process. In accordance with the Family Educational Rights and Privacy Act (FERPA), I have indicated below my intention regarding access to this report by checking one of the following options:

- I waive my right to access this report, which will, therefore, be considered confidential
- I do not waive my right to access this report

Date Student Signature

*If the applicant has agreed to waive his/her right to access the report, Webb Institute will preserve the strict confidentiality of this report, and it will only be made available to the Webb Institute Admissions Committee. If the applicant does not agree to waive his/her rights, the report can be made available upon his/her request.

Teacher Recommendation: To be filled out by teacher

Name of Teacher: Mr. / Mrs. / Ms. _____ Subject Taught: _____

Phone Number: _____ Email Address: _____

How long have you known the applicant and in what context? _____

List the courses in which you have taught this student:

In which grade(s) was the applicant enrolled when you taught him/her?

- 9th
- 10th
- 11th
- 12th
- Other: _____

*Note to Recommender: *The person whose name appears above has applied for admission to Webb Institute. Since all undergraduates are awarded a **full-tuition scholarship** and are expected to keep up with the demanding academic pace, they are selected by rigorous standards. An honest assessment will be of great assistance. After completing this form please send it directly to our office by mail or email, or return it to the applicant in a sealed and signed envelope for the student to mail.*

What do you consider to be the applicant's outstanding talents or strengths? _____

What do you consider to be the applicant's liabilities or weaknesses?

How well do you think the applicant has thought out a plan for study in a specialized engineering field?

The Webb admissions office will have some information regarding the applicant's curriculum and his/her performance in such a curriculum; however, we would appreciate your evaluation regarding the following areas as they are applicable in your relationship with the applicant.

	No Basis	Below Average	Average	Good (Above Average)	Excellent	Outstanding
Academic Achievement						
Intellectual Promise						
Communication Skills (Listening, Speaking, Writing)						
Creativity						
Interactions with Peers						
Productive Class Discussions						
Ability to Handle Constructive Criticism						
Disciplined Work Habits						
Maturity						
Integrity						
Motivation						
Leadership						
Reaction to Setbacks / Frustrations						
Concern for Others						
Self-Confidence						
Initiative						

Please attach any additional comments or a letter of recommendation.

Teacher Signature _____

Date: _____

Return this form to:

Office of Admissions
298 Crescent Beach Road
Glen Cove, NY 11542-1398

or

admissions@webb.edu

-Thank you very much for taking the time to complete this form-