



THE LINDEN SCHOOL CONFIDENTIAL TEACHER REFERENCE FORM

APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	ENTERING GRADE
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PARENT AUTHORIZATION

I give permission for my daughter's Teacher or Guidance Counsellor to release the information necessary to accurately complete this form. I understand that this form and related information will be forwarded directly to The Linden School. I also understand that this information is confidential and will not seek access to it before or after the admission decision is made. I release every person and institution from any and all liability from or pertaining to the furnishing of records and other information provided to The Linden School to support this application. The Linden School may contact schools and other sources to obtain further information as required.

PARENT/GUARDIAN SIGNATURE

DATE

INSTRUCTIONS FOR THE REFERRING TEACHER

The student above has applied to The Linden School. This form is to be completed by a Teacher who has taught the applicant at her most recent school or the Guidance Counsellor at her most recent school. Your assistance in our assessment of this student is greatly appreciated. Kindly return this form directly to The Linden School Admissions Office. In order to maintain the integrity of this reference, we will not share your submission with families or students.

About The Linden School: Founded in 1993, Linden is the only school in Canada created to incorporate cutting-edge research on girls' educational needs, from primary to secondary school. The school's academically challenging program and unique girl-centred philosophy ensures that girls and young women feel empowered to discover their intellectual curiosity, take risks, and develop the confidence to find their voice. The Linden School has a challenging academic program and applicants are expected to participate fully in co-curricular activities.

HOW LONG HAVE YOU KNOWN THE APPLICANT?	FROM (MONTH/YEAR)	TO (MONTH/YEAR)
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PLEASE INDICATE (WITH A CHECK MARK) THE APPLICANT'S DEMONSTRATED OVERALL ACHIEVEMENT IN THE CORE SUBJECT AREAS FOR HER GRADE LEVEL.	BELOW GRADE LEVEL	AT GRADE LEVEL	ABOVE GRADE LEVEL
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IF THE APPLICANT IS PERFORMING ABOVE OR BELOW GRADE LEVEL IN ANY SUBJECT PLEASE ELABORATE.

DESCRIBE THE APPLICANT'S EFFORT IN AND OUT OF CLASS.

DISCUSS THE APPLICANT'S OVERALL PERFORMANCE IN RELATION TO HER ABILITY.

HAS THE APPLICANT RECEIVED ANY ACADEMIC SUPPORT? IF SO, PLEASE EXPLAIN WHEN AND WHY.

DOES THE APPLICANT HAVE AN UNUSUAL NUMBER OF ABSENCES OR TARDINESS FROM SCHOOL? IF SO, PLEASE EXPLAIN.

DO YOU BELIEVE THIS APPLICANT NEEDS ADDITIONAL EMOTIONAL, SOCIAL OR ACADEMIC SUPPORT? PLEASE ELABORATE.

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APPLICANT'S NAME					
PLEASE RATE (WITH A CHECK MARK) THE APPLICANT IN THE FOLLOWING CATEGORIES IN RELATION TO OTHER STUDENTS IN HER AGE GROUP.					
ACADEMICS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	INSUFFICIENT EVIDENCE
ATTITUDE TOWARDS LEARNING					
STUDY HABITS					
SELF-DISCIPLINE					
INITIATIVE & INTELLECTUAL RISK-TAKING					
CURIOSITY					
CREATIVITY					
RESPONSE TO CRITICISM					
OVERALL ACADEMIC RATING					
PERSONAL QUALITIES	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	INSUFFICIENT EVIDENCE
CONCERN FOR OTHERS					
ADAPTABILITY					
LEADERSHIP					
POSITIVE ATTITUDE					
EMOTIONAL STABILITY					
DEPENDABILITY					
HONESTY					
OVERALL PERSONAL RATING					
IN WHAT CO-CURRICULAR ACTIVITIES HAS THE APPLICANT SHOWN AN INTEREST AND COMMITMENT?					
PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP US EVALUATE THE APPLICANT AND ENSURE A SMOOTH TRANSITION TO LINDEN.					
PLEASE INDICATE (BY CIRCLING THE APPROPRIATE NUMBER BELOW) HOW STRONGLY YOU WOULD RECOMMEND THIS APPLICANT.					
	WOULD NOT RECOMMEND				STRONGLY RECOMMEND
AS A STUDENT	1	2	3	4	5
AS A PERSON	1	2	3	4	5
TEACHER'S NAME			TITLE		
SCHOOL NAME			SCHOOL ADDRESS		
E-MAIL ADDRESS			PHONE NUMBER		
SIGNATURE			DATE		

Thank you for your help.

PLEASE MAIL DIRECTLY TO THE LINDEN SCHOOL, ADMISSIONS OFFICE, 10 ROSEHILL AVENUE, TORONTO, ON M4T 1G5.