



Directions to Parent/Guardian:

- I grant permission for school officials to provide a recommendation for my child to Terp Discovery.
I understand that the recommendation will be maintained in confidence and will not be released to students or parents.

Print Student's Name

School

Print Name of Parent/Guardian

Signature of Parent/Guardian and Date

Directions to Recommender:

Please relate your responses specifically to this student's ability and performance as compared to other students you have instructed, counseled, or with whom you have interacted. After completing the recommendation form, please fax or e-mail as an attachment using the information provided below.

Table with 6 columns: Category, Outstanding (Top 1%), Excellent (Top 5%), Very Good (Top 10%), Average, Below Average. Rows include categories like Produces work of high quality, Intellectual curiosity, Study habits, etc.

Overall, would you recommend this student for Terp Discovery? Yes No

Print Name of Recommender

Signature of Recommender and Date

Position or Title

E-mail Address

May our office contact you if clarification is needed? Yes No

Return Recommendation Form:

Via Fax: 301-314-4071
Via E-mail: ysdisc@umd.edu