

SEND TO: Young Writer’s Workshop
Bard College at Simon's Rock
84 Alford Road
Great Barrington, MA 01230-9702

For information: Jamie Hutchinson
Workshop Director
Phone: 413-528-7231
Fax: 413-528-7365

TEACHER’S LETTER OF SUPPORT
Please return within one week

This portion to be completed by the applicant and the applicant’s parent or guardian.

Applicant name _____
Last First Middle

Under the provisions of the Family Education and Privacy Act of 1974, the parents or guardians of applicants under the age of eighteen may decide whether letters of reference written at the request of the applicant are to be held confidential or whether they are to be available for personal inspection. If the applicant is eighteen years of age or older, then the decision is the applicant’s.

Check one of the following statements and have both signatures in the spaces provided so that the teacher supporting your application will be advised of your choice:

- Confidential file. I grant permission for this letter of support to be held confidential by the specific Workshop to which I am applying.
- Open file. I retain the choice of having this letter of support available to me.

Signature of parent or guardian

Signature of applicant

This portion to be completed by the teacher.

We would appreciate your detailed and candid profile of this applicant. With your help, we are looking for students with a range of academic backgrounds and writing experience, but particularly those with sound verbal skills and a demonstrated interest in the link between writing and thinking. In building a successful summer program, we rely heavily on your thoughts about this applicant. Thank you for your help, and we look forward to the chance to work with your student, based on your insights.

1. Please comment on the applicant’s academic abilities and attitudes, including the potential to benefit from participating in a peer writing community and the ability to work independently.

2. While the National Writing and Thinking Network welcomes a variety of talents and personalities, the residential workshop format of the program requires participants to work well with each other both in and out of the classroom. With respect to maturity and social skills, how does the applicant work with peers and how is he or she perceived by them? How will the applicant respond to those in positions of authority? Are there any other reflections which you think might be of help to us?

Teacher's name _____ Date _____

Position _____ Phone _____

School address _____
 Number and Street/P.O. Box Number City State Zip code

Email address _____ Signature _____