

Confidential Teacher Recommendation Form

Grades 7-12

To the teacher or school director: We appreciate your cooperation in completing this form. This form provides one way of getting to know the student's emotional/social growth and intellectual development. All information provided is kept confidential. The parent has waived their right to a copy of this form.

Student Name: _____ Grade: _____

Teacher's Name (print): _____

Subject taught: _____ How long have you know the applicant?: _____

Level of Course: Honors level Grade level Other _____

Academic Qualities	Excellent	Above Average	Average	Below Average
Academic Potential				
Academic Achievement				
Listening Skills				
Effort/Self-Motivation				
Study Habits				
Ability to write				
Participation in Discussion				
Ability to Express Ideals Orally				
Follows Directions				
Uses Suggestions or Corrections				
Seeks Help When Needed				
Attention Span				
Creativity and Original Thinking				
Intellectual Curiosity				

Please circle the words that best describe the applicant:

anxious aggressive articulate cheerful disobedient resilient follower
 honest irritable manipulative easily discouraged self-disciplined confident
 motivated responsible perfectionist passive-resistant perfectionist
 shy organized helpful conscientious vivacious social
 influential self-centered over-protective well-liked negative-leader

How would you assess the student's achievement level compared to student's you have taught over the year?

Exceptional Above Average Average Below Average Below Average

Personal Qualities	Exceeds Expectations	Meets Expectations	Needs Development
Maturity			
Consideration of others			
Social adjustment with peers			
Sense of humor			
Integrity			
Participation in social activities			

Additional comments:

Any evaluations for emotional or academic reasons? Yes No Do Not Know

What are the student's academic strengths, weaknesses and learning style?

How would you rate the student as a school citizen (i.e. Discipline Record)?

Outstanding Excellent Good Average Below Average Weak

Comments or other information that you believe might be helpful?

Please circle one word below to describe your recommendation for this applicant:

With Enthusiasm Strongly With Reservation Not Recommended

Teacher's Name: _____ Date: _____

School Name: _____ Phone Number: _____

Thank you for taking the time to complete this evaluation. Your consideration and judgment is greatly appreciated.

Please return this form directly to Veritas Collegiate Academy to the attention of the Admissions Department:

1208 Centerville Turnpike N

Chesapeake, VA 23320

admissions@veritasca.com

FAX (757) 410-5083