

TEACHER RECOMMENDATION

The following student is a candidate for admission to Springs Adventist Academy.

Name of Applicant _____ Grade _____ Date of Birth _____

As the above student's teacher, we would appreciate your candid responses to the questions below and on the back of this form. Your comments will be held in confidence. Thank you for your assistance. Should you have any questions, please contact Springs Adventist Academy at 719-597-0155.

Your Name (please print)

Position / Title

Name of School

Address of School City State Zip Code

School Telephone School Fax Home Phone

How long have you known the applicant and in what capacity?

How well do you feel you know him / her? Very well Fairly well Not very well

Please list course(s) in which you have this student. _____

What grade is the student presently earning in your class(es)? _____

Where does the student rank in your class?
 Top 10% Top 20% Top Half Lowest Half

Academic Qualities	Outstanding	Very Good	Good	Average	Below Average	Poor	No Basis for Eval
Reading Ability							
Mathematical Ability							
Verbal Ability							
General Academic Ability							
Attention Span							
Rate of Progress							
Desire to Learn							
Study Habits							
Organization							
Can Work Independently							
Critical / Abstract Thinking							
Reliability							
Truthfulness							
Maturity							

Academic Qualities	Outstanding	Very Good	Good	Average	Below Average	Poor	No Basis for Eval
Self-discipline							
Concern for Others							
Peer Compatibility							
Influence on Others							
Respect for Adults							
Spiritual Interest / Maturity							
Common Sense							
Creativity							
Motivation							
Independence							
Leadership Ability							
Sense of Humor							
Self-esteem							
Emotional Stability							
Personal Appearance							
General Health							

From your observations, does the student support the values of your school? Yes No

Has the student ever been subject to discipline or censure at your school? Yes No

Has the student ever been separated (suspended, dismissed, etc.) from your school? Yes No

To your knowledge, has the student used any of the following in the past year?

Alcohol Yes No

Tobacco Yes No

Illegal Drugs Yes No

Based on your knowledge of the student, what recommendation would you give for admittance to a Christian school like Springs Adventist Academy? Please check boxes below.

	With Enthusiasm	With Confidence	Mildly	With Reservation	Not at All
Character and Personal Potential					
Academic Ability and Potential					
Overall					

Please make any additional comments on this student's potential for success at Springs Adventist Academy?

Is there any additional information that can be better conveyed in a phone conversation? Yes No

Hours and phone number where you can be reached: _____

Thank you for completing this form. Your remarks will have a direct bearing on the candidate's application, and we will consider them carefully.

Signature

Date