

TEACHER RECOMMENDATION

_____ has applied to Ricks Institute and requested that we contact you for a recommendation. Please give your evaluation in the area in which you feel qualified to do so. Any statement that you make will be held in the utmost confidence

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Please evaluate the applicant as to:

	Excellence	Good	Average	Below Average	Poor	No Basis for Judgments
Academic Ability						
Academic Achievement						
Academic Motivation						
Willingness to follows direction						
Responsibility						
Independence in work habits						
Use of time						
Relationship with peers						
Relationship with adults						
Leadership qualities						
Emotional stability						
Self-discipline						

To answer the following questions below, please check Yes or No and explain why yes.

1. Does the applicant have any outstanding characteristics? Yes No

2. Does the applicant have characteristics that need special attention? Yes No

3. Does the applicant have any outstanding weakness? Yes No

4. Does the applicant have any special emotional need to address? Yes No

5. Has the applicant been a discipline problem at school? Yes No

6. Are there family circumstances that affect the way the applicant behaves in school?

Yes No

7. Is there any special teaching technique that would help this applicant? Yes No

8. Is there any additional information we need to know to help us work successfully with this child? Yes No

Thank you very much for your time filling out our application. Your information is valuable to us. Please return this form to our admission/business office before the final deadline of application.

I Mr. / Mrs. / Brother / sister _____ agreed that the above information is true.

Signature _____ Date _____

Address: _____

Cell Phone (s) #: + (231) _____ + (231) _____