



TEACHER RECOMMENDATION FORM GRADES 1-6

STUDENT NAME _____ PRESENT GRADE _____

DATE _____ SCHOOL NAME _____

TEACHER _____ TEACHER EMAIL _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

How long have you known this student? _____ In what capacity? _____

*The Admissions Committee appreciates your cooperation in giving as full an appraisal as possible
of this child's needs. All information is confidential.*

ACADEMIC QUALITIES (Please check the box that best describes the student compared with other students you have taught.)

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits:					
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek help if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & originality of thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on this student's academic and strengths and weaknesses (persistence, motivation, initiative, etc.).

Please compare this student's academic achievement to his/her ability.

Please comment on this student's personality (manners, friendliness, modesty, sense of humor, individuality etc.).

Please comment on this student's attendance (frequent absences, tardies, etc.).

PERSONAL QUALITIES (Please check the box that best describes the student compared with other students you have taught.)

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to criticism/setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for leadership with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect of/relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the student as a person; consider character and emotional stability as well as social development.

Please comment on parent involvement and/or any particular needs of this student to be met by the school. Consider the parent's educational support, cooperation and expectations and any special needs of the student.

Has the student ever been suspended, denied re-enrollment, asked to withdraw, or received disciplinary censure? If yes, please explain.

SUMMARY (Please check the box that best describes the student compared with other students you have taught.)

	TRULY OUTSTANDING	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SCHOLASTIC PROMISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL PROMISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like to further discuss this student by phone. Please call me at _____.
The best time to call is _____.

We truly appreciate the time you have invested in this student's application. Your comments are valued.

Name (please print) _____ Signature _____

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