

TEACHER RECOMMENDATION

Please email this form directly to APIS Admissions Office (admissions@apis.org).

APPLICANT DATA

Name: _____ Current Grade: _____

EVALUATOR DATA

Name: _____ Position: English Math Other: _____

School Name: _____

School Address: _____

Tel: _____ Fax: _____ Email: _____

I have known the applicant for _____ (number) years as applicant's _____

APPLICANT EVALUATION

Three words/phrases that first come to mind when considering the student :

1. _____
2. _____
3. _____

Academic Qualities	Not sure	Poor	Below Average	Average	Good	Excellent
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Math performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character Qualities	Not sure	Poor	Below Average	Average	Good	Excellent
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavior: Please describe any disciplinary difficulties which occurred at school or in the community and/or character issues.
Use additional paper if necessary.

Special services: Please check appropriate boxes of items previously/currently involved in:

Academic

- ESL
- Gifted
- support

Therapy

- Occupational therapy
- Speech/language therapy

Other

- Behavior management
- Has ADHD Remedial/learning
- Has ADD
- Individual/family counseling

Please describe any checked boxes and/or the special need of student. Use additional paper if necessary.

Has this student ever received any detentions or suspensions in his school? Yes No

If you mark 'yes', please fill the next following lists.

Suspension(s) _____ time(s)

Reasons:

Detention(s) _____ time(s)

Reasons:

Please write about the relationship between this student and other classmates, and his/her attitude towards others including friends, teachers and parents (guardians).

Signature _____ **Date** (MM/DD/YY) _____

Thank you for this recommendation. If possible, please enclose a copy of your school profile (description of academic program, courses, grading scale, etc.) and email to APIS Admissions Office (admissions@apis.org).