#

# **Application Instructions**

## TEACHER RECOMMENDATION

|  |
| --- |
| **To the Teacher:**This recommendation will remain confidential and will not become part of the student’s permanent record. When you have completed it, please email it to admissions@valleyacademy.org or send it in the envelope provided. Be sure the parent/guardian has signed the form in the space above. Feel free to use additional sheets if necessary. Thank you for your cooperation and candor. |
| How long have you known the student academically?       Outside the classroom?       |
| In what year(s) did you teach the student?       How large is/was the class?       |
| Course Name(s):      |
| Is the student on a block schedule? [ ]  Yes [ ]  No |
| Is this course designated as an honors or accelerated course? [ ]  Yes [ ]  No  |
| Briefly describe your course. It is especially helpful to know what texts are used and if the students are grouped by ability. |
|       |
|       |
|       |

|  |
| --- |
| What are the first three words that come to mind when describing this student? |
| 1.      |
| 2.      |
| 3.      |

|  |
| --- |
| How accurately does the student read and understand what he or she has learned? |
|       |
|       |
|       |
|       |
| How well does the student study in comparison with other students? Please be specific about areas of strength and weakness. |
|       |
|       |
|       |
|       |
| How well does the student accept advice or criticism? |
|       |
|       |
|       |
|       |
| Please comment on this student’s character, citizenship, and contributions to your school community.  |
|       |
|       |
|       |

|  |
| --- |
| Please add any additional information necessary to give us a more complete picture of the student.  |
|       |
|       |
|       |
| *Thank you for taking valuable time to complete this evaluation. Your comments are an important part of the student’s application.***Typing your name here constitutes a valid electronic signature.** |
| Signature of teacher:       | Date (MM/DD/YY):      |
| Title:      | School:       | Phone Number:      | E-mail Address:      |
| School Mailing Address | City | State/Province  | Country  |  Zip/Postal Code |
|       |       |       |       |       |