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# **Application Instructions**

## TEACHER RECOMMENDATION

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| **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](mailto: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. |
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| What are the first three words that come to mind when describing this student? |
| 1. |
| 2. |
| 3. |

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| How accurately does the student read and understand what he or she has learned? |
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| How well does the student study in comparison with other students? Please be specific about areas of strength and weakness. |
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| How well does the student accept advice or criticism? |
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| Please comment on this student’s character, citizenship, and contributions to your school community. |
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| Please add any additional information necessary to give us a more complete picture of the student. | | | | | | | | |
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| *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 | |
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