



## TEACHER RECOMMENDATION FORM

### CONFIDENTIAL

The responses on this form will be considered in our evaluation of this student. Your opinions are an important part of this students' application profile. Thank you for your time and candid responses on behalf of this student. This form will only be used in the admissions process. Please compare this student to other members of his/her class.

#### RETURN COMPLETED FORM TO:

MAIL	Upload Electronically
Schoolhouse Preparatory Attention: Dr. Jiliann De Villiers 3800 SW 108 <sup>th</sup> Avenue Miami, Florida 33165	<b>US Students</b> <a href="http://www.schoolhouseprep.com/admissions-procedures-and-forms.html">http://www.schoolhouseprep.com/admissions-procedures-and-forms.html</a>  <b>International Students</b> <a href="http://www.schoolhouseprep.com/international-students.html">http://www.schoolhouseprep.com/international-students.html</a>

<b>NAME OF APPLICANT</b>	
<b>DATE OF BIRTH</b>	
<b>CURRENT SCHOOL</b>	
<b>APPLYING FOR GRADE</b>	<input type="checkbox"/> 9 <sup>TH</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 11 <sup>TH</sup> <input type="checkbox"/> 12 <sup>TH</sup>

1. Is this student presently attending a special education program at your school? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe \_\_\_\_\_

2. Has the student been involved in the use of alcohol or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe \_\_\_\_\_

3. Does this student display inappropriate behaviors or conduct disorders? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe \_\_\_\_\_

4. Has this student ever been suspended or expelled? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, describe \_\_\_\_\_

5. Circle how you would describe the applicant's parents?    Cooperative    Non-Cooperative    Not Involved

6. Do the Student's parents meet financial obligations?    Always    Most of the time    Have not met  
 obligations Explain \_\_\_\_\_

7. List subject(s) you teach this student: \_\_\_\_\_  
 \_\_\_\_\_

**EVALUATION: Please rate this applicant in the following areas by checking the appropriate box.**

Areas	Excellent	Above Average	Average	Below Average	Not Observed
Overall Academic ability					
Mathematics					
Reading and Language Arts					
Writing					
Drive and initiative					
Extracurricular activities					
Self-Esteem					
Completes homework assignments					
Impulse control					
Respect for authority					
Ability to interact with peers					
Classroom conduct					
Attendance					

8. Do you recommend this student for admission to Schoolhouse Academy?

\_\_\_\_\_ Highly Recommend

\_\_\_\_\_ Recommend with reservations. Would prefer to discuss confidentially over the phone.

\_\_\_\_\_ Recommend

\_\_\_\_\_ Do not recommend

Additional Comments that will assist our school in evaluating this student

<b>Name of Person Completing Form</b>		<b>Title</b>	
<b>Contact Number</b>			
<b>Email</b>			
<b>Signature</b>		<b>Date</b>	