

Name of Applicant: _____ **Applying for Grade:** _____

Name of school completing recommendation _____

Teacher - Please be sure to download this form to your desktop prior to filling in electronically. Please save after completion and upload to email request. As an alternative, this form may be printed, completed by hand, scanned and uploaded to email request.

This Teacher Recommendation form will be treated confidentially and will not be shared with parents. Thank you for your cooperation and honesty. You may wish to retain the original copy for your files to send to additional schools. The student's application cannot be processed until the form is received in the Admissions Office. Deadlines are determined by individual schools.

Please place an "x" in the appropriate box below and comment. Thank you.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

Computation Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Computation skills						
Problem-solving skills						
Mathematical reasoning						
Mathematical applications						
Embraces challenges						

Check the box next to the words that best describe this applicant:

- | | | | | | |
|------------|--------------------|--------------|-----------------|------------------|------------|
| Aggressive | Conscientious | Honest | Motivated | Perfectionist | Shy |
| Anxious | Disobedient | Immature | Negative leader | Positive leader | Social |
| Articulate | Easily discouraged | Irritable | Oppositional | Responsible | Vivacious |
| Cheerful | Follower | Manipulative | Organized | Self-centered | Well-liked |
| Confident | Helpful | Mature | Over-protected | Self-disciplined | Witty |

HAIS Common Teacher Recommendation Grades 6 -12 Math (Page 2)

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Please describe the student's academic/social strengths, assets and gifts:

Please describe the student's academic/social challenge and areas of support:

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain:

Applicant is:

Highly Recommended (Top 5%) Strongly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

Parent Information

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification: The electronic signature below and its related fields are treated like a handwritten signature. By completing the form, I certify that the information provided is honestly presented.

Teacher Signature:	Date:
Teacher Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:

Submit to: admission@kinkaid.org