



Applicant's name _____

Applying to grade _____ for Aug. _____ (year)

Application deadline: _____

TEACHER RECOMMENDATION FOR MIDDLE SCHOOL

To the Applicant:

Please print your name at the top of this form and give it to your current core teacher. Make sure to provide a stamped envelope addressed to Achiever Christian Middle School, 520 Sands Drive, San Jose, CA 95125.

To the Person Completing the Form:

Please complete the recommendation form below and submit it to Achiever Christian Middle School in the envelope provided by the applicant. Your thoughtful and candid assessment is an important part of the admission process. If you need more space to answer any of the questions, please use an additional sheet of paper. This recommendation will remain confidential and will not become part of the applicant's permanent record. We appreciate your cooperation and your time.

Name _____	Position _____
Address _____	
Telephone _____	

1. How long and in what capacities have you known this applicant?
2. Please compare this applicant's academic achievement with his/her ability.
3. Please comment on the applicant's academic skills in language arts, social studies, mathematics, science, critical thinking, problem solving and creativity. Please attach an additional sheet of paper if necessary.
4. Please evaluate how this applicant interacts with peers **and** with adults.

