

CONFIDENTIAL
•Student Recommendation Form •

NOTE: New ACADEMY students need to make **two** additional blank copies of this form for your other two references.

TO BE COMPLETED BY STUDENT:

Name of student: _____

School: _____ Current grade student is in: _____

TO BE COMPLETED BY REFERENCE:

We value your professional opinion in our assessment of this student.

Note: Please return this recommendation to the student in a sealed envelope with your signature across the sealed flap. Please complete it in a timely manner as the student's application is not complete without it. Thank you for taking time to fill out this form.

Date: _____

Name of reference: _____

Mailing Address: _____

Home phone: _____ Work Phone: _____

Email: _____

1. How long have you known this student?

2. In what capacity have you known this student?

_____ Classroom Teacher _____ Community leader _____ Other, please specify:

3. Tell us any special attributes this student has that need to be taken into consideration.

4. Please indicate which of the following apply to the applicant. In addition to being highly motivated or identified as talented and gifted, we look for characteristics in the following areas:

Measured intelligence above average

Proven leadership ability

A special talent

Exceptional ability in the visual and performing arts

Unusual creative or productive thinking ability

Give examples illustrating the categories checked above.

5. How can this student benefit from **ACADEMY**?

6. Are there any behavioral characteristics (e.g., self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

7. Do you have any additional concerns you would like us to address with you by phone?

Yes No