



THE MONTGOMERY ACADEMY

Confidential Teacher Recommendation Form

Must come from a current teacher in a core subject area

Grades 5-12

Applicant's Legal Name: _____ **Applicant for Grade:** _____

FIRST MIDDLE LAST

I understand that this recommendation is confidential and will not be made available for student or parent review.

Parent Signature: _____ **Date:** _____

The student whose name is indicated above has submitted an application for admission to The Montgomery Academy. Your candid estimate of his/her academic performance, intellectual promise, and qualities as a person, will help the Admissions Committee as we consider his/her application. Please know your comments will be held in strictest confidence. We ask that you complete this form and return it to **Director of Admissions, The Montgomery Academy, 3240 Vaughn Road, Montgomery, AL 36106.**

Evaluator: Your candid appraisal of this applicant will be of invaluable assistance in giving us a complete and fair evaluation.

ACADEMIC SKILLS	EXCELLENT	GOOD	FAIR	LIMITED	NO EVALUATION
<i>Place a check mark beside one in each category.</i>					
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of time/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHARACTER AND PERSONALITY TRAITS

Place a check mark beside one in each category.

Conduct	<input type="checkbox"/> Outstanding in every respect	<input type="checkbox"/> Usually good	<input type="checkbox"/> Occasionally disruptive	<input type="checkbox"/> Frequently disruptive
Leadership	<input type="checkbox"/> Strong	<input type="checkbox"/> Moderate	<input type="checkbox"/> Occasional	<input type="checkbox"/> Rare
Citizenship	<input type="checkbox"/> Strong/active	<input type="checkbox"/> Somewhat involved	<input type="checkbox"/> Little participation	<input type="checkbox"/> Indifferent
Social relations with peers	<input type="checkbox"/> Very healthy	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Occasionally problematic	<input type="checkbox"/> Poor
Emotional maturity/stability	<input type="checkbox"/> Very mature	<input type="checkbox"/> Average	<input type="checkbox"/> Somewhat immature	<input type="checkbox"/> Very immature

CHARACTER AND PERSONALITY TRAITS *Continued*

Place a check mark beside one in each category.

Self-confidence	<input type="checkbox"/>	Healthy self-image	<input type="checkbox"/>	Needs some support	<input type="checkbox"/>	Somewhat over confident	<input type="checkbox"/>	Poor self-image
Sense of humor	<input type="checkbox"/>	Highly developed	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Sometimes immature	<input type="checkbox"/>	Poorly developed
Integrity	<input type="checkbox"/>	Very trustworthy	<input type="checkbox"/>	Usually trustworthy	<input type="checkbox"/>	Untrustworthy		
Sense of responsibility	<input type="checkbox"/>	Very responsible	<input type="checkbox"/>	Usually responsible	<input type="checkbox"/>	Sometimes responsible	<input type="checkbox"/>	Irresponsible
Interaction with teachers/adults	<input type="checkbox"/>	Mature	<input type="checkbox"/>	Somewhat Comfortable	<input type="checkbox"/>	Dependent/needy	<input type="checkbox"/>	Withdrawn
Attendance	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Poor
Classroom behavior	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Poor
Compared to other students, I would rate this student:	<input type="checkbox"/>	Excellent	<input type="checkbox"/>	Above average	<input type="checkbox"/>	Average	<input type="checkbox"/>	Below average
Attitude of parents	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Indifferent	<input type="checkbox"/>	Overly protective	<input type="checkbox"/>	Antagonistic

ACADEMIC AND PERSONAL EVALUATION OF THE APPLICANT

Please answer a few questions about the applicant in the space provided.

Area(s) in which the applicant has the greatest strengths: _____

Area(s) in which the applicant has the greatest needs: _____

Do you have any reason to question the applicant's academic or personal integrity? Yes No

If yes, please explain: _____

Other comments: _____

THANK YOU FOR YOUR TIME AND EVALUATION OF THIS APPLICANT.

I have known the applicant for _____ years.

My relationship has been that of Current teacher Former teacher Other _____

What subject areas do you teach? _____

What are the first few words that come to mind when describing this applicant? _____

Print Evaluator's Name: _____

Evaluator's Signature: _____ Date: _____

School Name: _____

School Address: _____

School Telephone Number: _____ E-mail Address: _____