

TEACHER RECOMMENDATION

FOR APPLICANTS WHO HAVE BEEN TAUGHT BY A CLASSROOM TEACHER



Bob Jones Academy

Please complete Section 1 and then ask a school teacher to complete Section 2.

Section 1 (to be completed by the applicant's parent)

Applicant's Name _____
FIRST MIDDLE LAST

WAIVER:

I, the undersigned, hereby voluntarily waive my right to inspect the content of this recommendation.

PARENT'S SIGNATURE DATE

Section 2 (to be completed by the teacher)

1. In your opinion, what are the applicant's strong points academically?

2. In your opinion, what are the applicant's weak points academically?

3. How does the student perform on homework? Does he/she do it well? Does he/she turn it in on time?

4. Do you know of any circumstance that may have negatively impacted this student's academic achievement? Yes No

If yes, please explain: _____

5. How would you describe the relationship between this student and his/her peers?

6. How would you characterize your relationship with the student's parents/guardians?

more

7. Please indicate your observations in the following areas of the applicant's life:

	Outstanding	Good	Concern	Problem	Unsure	N/A
Attitude Toward Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please comment on any area in question 7 that you marked "Concern" or "Problem." _____

9. Do recommend this student to Bob Jones Academy?

Highly recommend Recommend Recommend with reservations Do not recommend

I need to discuss this recommendation by phone.

Additional comments: _____

Recommender Contact Information (to be completed by the recommender)

RECOMMENDER NAME _____ RECOMMENDER POSITION _____

SCHOOL NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____

PHONE _____ E MAIL _____

SIGNATURE _____ DATE _____

Please submit via (choose one):

- Mail to **Admission Coordinator, Bob Jones Academy, Greenville, SC 29614**
- Fax to **864-271-7278**
- Scan and email to **bjabobjonesacademy.net**