

Rickards Middle School Honors Academy TEACHER RECOMMENDATION FORM

Name of applicant _____ Grade _____

To the Parent: Print the above information and give this form to the student's teacher. Please read and sign the statement below.

I understand that teacher recommendations are to be sent directly to the school. I understand that teacher recommendations are based solely upon professional observations of the student applicant.

Name of Parent or Guardian (please print) _____ Phone number _____

Signature of Parent _____ Date _____

To the recommending teacher: This student is seeking admission to **Rickards Middle School Honors Academy**. The school curriculum is high school preparatory. The inherent features of life in honors academy requires that all students be of good character, academically advanced and emotionally mature to handle the rigors of the accelerated program.

We would appreciate your observations about the areas listed below. Be assured that this information will be held in strict confidence.

Areas	Below Average	Average	Good (Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)
ACADEMIC ABILITY					
INTELLECTUAL PROMISE					
QUALITY OF WRITING					
EXTRACURRICULAR ACTIVITIES					
INTEGRITY					
CONDUCT					
ABILITY TO WORK INDEPENDENTLY					
DISCIPLINED WORK HABITS					
MATURITY					
LEADERSHIP					
SELF CONFIDENCE					
REACTION TO SETBACKS					
RESPECT ACCORDED BY FACULTY					
CARE AND CONCERN FOR OTHERS					

Please use the back of this form to write a narrative report to further describe the candidate.

Date: _____

Signature _____ Title _____

Printed name:

Mr./Mrs./Miss/Ms./Dr. _____

Name of School _____ Phone number w/area code _____

Address _____ City _____ State/Zip _____

After completion, please pony to Tirza Clarke, Rickards Middle School or mail to Rickards Middle School Honors Academy, 6000 NE 9th Avenue, Oakland Park, FL 33334. The phone number is 754-322-4400.