



Teacher Recommendation Grades 6 -12 English

Name of Applicant: _____

Applying for Grade: _____

Name of school completing recommendation: _____

Teacher - Please complete this confidential form electronically or by hand. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office, so please complete the process as soon as possible. Deadlines are determined by ILCA.

Please place an "x" in the appropriate box below and comment. Thank you.

Academic Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Listens to and follows teacher's directions						
Is attentive to group discussions /activities						
Contributes appropriately to group discussions/activities						
Demonstrates ability to work independently						
Perseveres in spite of difficulty						
Works cooperatively						
Displays willingness to take risks						
Demonstrates appropriate energy level						
Demonstrates ability to stay on task						
Exhibits appropriate work ethic						
Completes assignments on time						
Critical thinking skills						

Social Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Responds positively to constructive criticism						
Establishes friendships easily						
Is comfortable in a group						
Is respectful of faculty						
Is respected by peers						
Demonstrates self-control						
Takes responsibility for belongings						
Is cooperative						
Demonstrates appropriate behavior						
Exhibits emotional maturity						
Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

Communication Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Ability to express ideas verbally						
Clarity of writing style						
Grammar/Mechanics skills						
Reading comprehension						
Knowledge and usage of vocabulary						
Imagination and creativity						
Participate in physical group activity						

Name of Applicant: _____ Applying for Grade: _____

Check the box next to the words that best describe this applicant:

- | | | | | | |
|-------------------------------------|---|---------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Conscientious | <input type="checkbox"/> Honest | <input type="checkbox"/> Motivated | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Shy Social |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Immature | <input type="checkbox"/> Negative leader | <input type="checkbox"/> Positive leader | <input type="checkbox"/> Vivacious |
| <input type="checkbox"/> Articulate | <input type="checkbox"/> Easily discouraged | <input type="checkbox"/> Irritable | <input type="checkbox"/> Oppositional | <input type="checkbox"/> Responsible | <input type="checkbox"/> Well-liked |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Follower | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Organized Over-protected | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Witty |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Helpful | <input type="checkbox"/> Mature | | <input type="checkbox"/> Self-disciplined | |

Please describe the student's academic/social strengths, assets and gifts: _____

Please describe the student's academic/social challenge and areas of support: _____

Please add any additional information that would provide a more complete picture of the student and family:

Applicant is habitually tardy or late: Yes No If yes, please explain: _____

Applicant is:

Highly Recommended (Top 5%) Strongly Recommended Recommended Recommended with Reservation Not Recommended

If you checked "Recommended with Reservation" or "Not Recommended," please explain: _____

Parent Information:

	Consistently	Usually	Seldom	Not Observed
Parent(s) participate in school activities				
Parent(s) support school policies and procedures				

I would: like to be willing to discuss this applicant by telephone.

Teacher Verification: The electronic signature below and its related fields are treated like a handwritten signature. By completing the form, I certify that the information provided is honestly presented.

Teacher Signature:	Date:
Teacher Name:	Course Name:
Teacher Email:	School Name:
Teacher Phone:	School Phone:



Teacher Recommendation Grades 6 -12 Math

Name of Applicant: _____ Applying for Grade: _____

Name of school completing recommendation: _____

Teacher - Please complete this confidential form electronically or by hand. This Teacher Recommendation form will be treated confidentially and will not be shared with parents. You may wish to retain the original copy for your files. Thank you for your cooperation and honesty. The student's application cannot be processed until the form is received in the Admissions Office, so please complete the process as soon as possible. Deadlines are determined by ILCA.

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Demonstrates appropriate energy level						
Takes pride in appearance						
Is respectful to peers						
Demonstrates ability to resolve conflicts						

Computation Skills Ratings	Truly Outstanding Top 5%	Excellent	Above Average	Average	Below Average	Please Comment
Computation skills						
Problem-solving skills						
Mathematical reasoning						
Mathematical applications						
Embraces challenges						

Check the box next to the words that best describe this applicant:

- | | | | | | |
|-------------------------------------|---|---------------------------------------|--|---|-------------------------------------|
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| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disobedient | <input type="checkbox"/> Immature | <input type="checkbox"/> Negative leader | <input type="checkbox"/> Positive leader | <input type="checkbox"/> Vivacious |
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| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Follower | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Organized Over- | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Witty |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Helpful | <input type="checkbox"/> Mature | <input type="checkbox"/> protected | <input type="checkbox"/> Self-disciplined | <input type="checkbox"/> |

Teacher Recommendation Grades 6 -12 Math (Page 2)

Name of Applicant: _____ Applying for Grade: _____

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