



Teacher Recommendation

Grades 6–12

10800 Academy Drive • Fredericksburg, Virginia 22408 • 540.898.0020 • Fax: 540.898.8951 • www.fredericksburgacademy.org

Thank you for taking the time to complete this evaluation. The student named below is an applicant for admission to Fredericksburg Academy. Your expertise and insight are invaluable to us as we gather information about each applicant. **All information shared is considered confidential and will not be viewed by the applicant's parents/guardians.**

Applicant's Name: _____ Current Grade: _____

Teacher's Name: _____ Subject(s) Taught/Textbook(s) Used: _____

ACADEMIC PERFORMANCE	Superior	Good	Average	Below Average	N/A
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Language Arts (LA)

Oral Language Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Comprehension Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mathematics (MA)

Math Facts/Computation Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Concept Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has additional tutoring or outside help been recommended? LA _____ MA _____
 Been given? LA _____ MA _____

STUDY HABITS	Superior	Good	Average	Below Average	Poor
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Motivation/Effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Work Independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pattern of Completing Work on Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attention Span	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PERSONAL CHARACTERISTICS	Superior	Good	Average	Below Average	Poor
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Peer Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assumption of Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attitude Toward Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Citizenship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Continued on back)

PLEASE COMMENT BRIEFLY ABOUT:

1. Applicant's greatest strengths and/or talents:

2. Special areas that may need to be addressed:

3. Applicant's social/emotional development, as compared with others at the same grade level:

4. Any behavioral/discipline issues:

5. Special comments:

Teacher's Signature: _____ Date: _____

Title/Position: _____ School: _____

School Address: _____

Phone: _____ E-mail: _____

Thank you for your assistance in providing us with this information.

Please mail this form directly to:

Director of Admission
Fredericksburg Academy
10800 Academy Drive
Fredericksburg, Virginia 22408

Phone: 540.898.0020
Fax: 540.898.8951
admission@fredericksburgacademy.org