GREGORY THE GREAT ACADEMY

TEACHER'S RECOMMENDATION

_____
Name of Applicant

_____
Your Name

_____ _____ (____)_____
Grade and Subject(s) taught School Contact Number

Dear Sir or Madam,

Please be objective in your responses concerning this applicant. Your remarks will remain confidential. This recommendation is an essential part of his application, so please submit this form as soon as possible. Use the address below, adding "Attention: Admissions."

How long have you known the applicant? ___yrs Do you know him well? ☐ Yes ☐ No

Your estimate of the applicant's prospect for success in high school:
☐ Poor ☐ May have difficulty ☐ Average ☐ Above average ☐ Superior

Weakest subjects_____ Strongest subjects_____
_____ _____

Do you foresee a likelihood of difficulties in any of the following areas?

Attachment to entertain technology	☐ Yes ☐ No	Dishonesty	☐ Yes ☐ No
Uncooperativeness with peers	☐ Yes ☐ No	Bullying	☐ Yes ☐ No
Uncooperativeness with adults	☐ Yes ☐ No	Emotional instability	☐ Yes ☐ No

Please describe the applicant's character (strengths and weaknesses), or offer any other information that might help us to assess this candidate. Use reverse side for additional space.

_____

_____

_____

_____

_____

Signed_____ Date_____