

# AMERICAN HERITAGE ACADEMY

## *Teacher Recommendation Form*

### To The Parent:

Please make copies as necessary, print or type this section, and ask your child's current teacher(s) to complete this form. The teacher must mail the form directly to AMERICAN HERITAGE ACADEMY. Please provide each teacher with a pre-addressed, postage paid envelope addressed to AMERICAN HERITAGE ACADEMY. Recommendations become the confidential property of AMERICAN HERITAGE ACADEMY and are not subject to parental review.

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Requesting Admission to Grade \_\_\_\_\_ for the 2009-2010 school year.

\_\_\_\_\_ X \_\_\_\_\_  
Date Parent Signature

### TO BE COMPLETED BY STUDENT'S TEACHER

### To The Current Teacher:

The student named above has made application for admission to AMERICAN HERITAGE ACADEMY. Please complete this form and mail to:

**AMERICAN HERITAGE ACADEMY**  
Attention: Director of Admissions  
2126 Sixes Road  
Canton, GA 30114  
Phone: 770-926-7779 Fax: 770-926-5601

Please use your professional judgment in answering the questions on this form. This information will be strictly confidential. Please confer with professional colleagues to ascertain information as necessary. Thank you for your assistance in this matter.

Teacher's Name: \_\_\_\_\_

Title: \_\_\_\_\_ School Telephone: \_\_\_\_\_

School: \_\_\_\_\_ System/District: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street City State Zip Code



# AMERICAN HERITAGE ACADEMY

## *Teacher Recommendation Form (continued)*

- Capacity in which you have worked with this student? \_\_\_\_\_  
\_\_\_\_\_
- How long have you known this student? \_\_\_\_\_
- How long has this student been enrolled at your school? \_\_\_\_\_
- To your knowledge, has this student had any history of serious behavior problems?  Yes  No  
If yes, please explain: \_\_\_\_\_
- To your knowledge, has this student had any history of serious learning problems?  Yes  No  
If yes, please explain: \_\_\_\_\_
- To your knowledge, has this student been tested for learning disabilities or received psychological counseling?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Has this student ever been expelled or suspended?  Yes  No  
If yes, please explain: \_\_\_\_\_
- Are all financial obligations up to date?  Yes  No  
If no, please explain: \_\_\_\_\_
- Does the student require an excessive amount of time for learning or discipline?  Yes  No  
If yes, please explain: \_\_\_\_\_
- How well do you think this student would succeed in an accelerated learning environment?  
\_\_\_\_\_  
\_\_\_\_\_
- Given the opportunity, were this student's parents supportive of your classroom activities and the school program?  Yes  No  
Explain: \_\_\_\_\_

On the following page, please check the appropriate boxes.



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## *Teacher Recommendation Form (continued)*

Please check the appropriate boxes below. As with the above questions, you may desire to confer with colleagues to make recommendation.

<b>Personal &amp; Social Traits</b>	<b>Needs Improvement</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>
Independence						
Cooperation with Peers						
Self-Control/Self-Discipline						
Motivation						
Leadership						
Responsibility						
Honesty/Integrity						
Emotional Maturity						
Creativity						
Self-Confidence						
Concern for Others						
Task Completion						
Personal Initiative						
Reaction to Setbacks						

<b>Academic Development</b>	<b>Needs Improvement</b>	<b>Below Average</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>
Attention Span						
Study Habits						
Language Development						
Mathematics Achievement						
Oral Reading						
Reading Comprehension						
Writing (Composition)						
Spelling						
Memory & Retention						
Attitude Toward School and Learning						
Critical Thinking						
Research & Project Skills						



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## *Teacher Recommendation Form (continued)*

Additional Comments:

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Please attach additional pages and share any information or insights that you believe may be valuable.

Thank you for your time and effort to complete this recommendation form. Your judgments and all information you have provided will be kept strictly confidential and will be very helpful in our admission decision and designing an educational program to meet this student's needs.

Date Completed: \_\_\_\_\_ X \_\_\_\_\_  
Teacher's Signature

