



Confidential Teacher Recommendation Form

Student's Name _____ Date of Birth _____
LAST FIRST

To the parent: Fill in the information above and give this form to one of the student's recent teachers with a stamped envelope addressed to Arches Academy, 280 South 400 East. Orem, UT 84097. Please read and sign the statement below.

I acknowledge that I waive my right to read the confidential teacher recommendation.

Name of student's Parent or Guardian (please print) _____

Phone Number _____ Date _____

Signature of student's Parent or Guardian _____

To the teacher: The student above has made application for admission to Arches Academy. Please complete this recommendation by writing comments in each section. Please send the completed form in the envelope provided by the parent directly to Arches Academy. The recommendation will remain confidential and will not become part of the student's permanent academic record; please be sure the parent has signed above. We sincerely appreciate your cooperation and candor.

When did you teach the student? Dates: from _____ to _____

What subject(s) did you teach the student?

ACADEMIC ABILITY

1. Describe this student's general academic potential

2. Ability to focus on and complete a task
(please comment)

1 2 3 4 5
(1-strongly disagree; 5- strongly agree)

3. Ability to handle a challenging curriculum
(please comment)

1 2 3 4 5
(1-strongly disagree; 5- strongly agree)

4. Ability to work independently
(please comment)

1 2 3 4 5
(1-strongly disagree; 5- strongly agree)

5. Ability to work in groups
(please comment)

1 2 3 4 5
(1-strongly disagree; 5- strongly agree)

PERSONAL SKILLS – Please describes the student’s:

1. **Attitude towards him/herself**

2. **Ability to resolve conflict**

3. **Ability to develop friendships**

4. **Ability to use criticism for growth**

GENERAL OBSERVATIONS

1. **Describe the student’s optimal learning environment. Under what conditions is the student most successful?**

2. **Describe the areas (academic or personal) most needing support or adult intervention. Please include any learning disabilities of which you are aware.**

3. **Describe the family’s support of your student.**

NAME

POSITION

TELEPHONE – SCHOOL

E-MAIL ADDRESS (IF AVAILABLE)

NAME OF SCHOOL

ADDRESS OF SCHOOL