



### Teacher Recommendation Form

**Student's Name:** \_\_\_\_\_  
Last Name First Name M.I.

**Current School:** \_\_\_\_\_ **Current Grade Level:** \_\_\_\_\_

The student named above is applying for admission to *Legacy Early College High School* located at Temple College, Taylor Center. A forthright evaluation is extremely helpful in determining if Legacy ECHS is, in fact, the best placement for this student. Please evaluate the student applicant by checking the appropriate column.

Academic Characteristics	Outstanding	Above Average	Average	Below Average
Intellectual Ability				
Accepts responsibility for learning				
Creativity/Originality				
Displays academic readiness				
Communicates ideas effectively				
Completes work on time				
Accepts academic challenges				

Social/Emotional Characteristics	Outstanding	Above Average	Average	Below Average
Emotional Stability				
Judgment/Common Sense				
Adaptability				
Motivation: Initiative/Enthusiasm				
Maturity				
Leadership Potential				
Integrity/Honesty				
Respect for self / peers				
Respect for authority				
Willingness to Accept Responsibility				
Willingness to Accept Criticism				

<b>OVERALL RECOMMENDATION</b> (circle one point value)	<b>Recommend <i>without</i> Reservation</b>	<b>Strongly Recommend</b>	<b>Recommend with Reservations</b>	<b>Do <u>Not</u> Recommend</b>
	<b>10</b>	<b>7</b>	<b>4</b>	<b>1</b>

**What other insights/comments do you wish to convey to the Selection Review Committee regarding this applicant?**

\_\_\_\_\_  
Teacher's Name (please print) School Grade / Course

\_\_\_\_\_  
Teacher's Signature Date

**Note: Please return form in a SEALED ENVELOPE to student applicant. Form MUST be returned with completed application.**