

## TEACHER RECOMMENDATION FORM

*(to be completed by a current teacher)*

### Mount Carmel High School

PO Box 2  
Vancleve, KY 41385  
Fax 606-666-4612

APPLICANT'S NAME \_\_\_\_\_ has applied for enrollment at Mount Carmel High School. As his/her teacher, your candid response to this form will help Mount Carmel High School know better how to meet this applicant's academic needs. This form will be held in strict confidence by Mount Carmel personnel. This form should be completed by a non-family member. Please return directly to Mount Carmel High School.

1. How long have you known the applicant? \_\_\_\_\_
2. In what courses have you taught the applicant? \_\_\_\_\_
3. What is the applicant's average grade in your course? \_\_\_\_\_
4. What are the applicant's major strengths in your course? \_\_\_\_\_
5. What are that applicant's major weaknesses in your course? \_\_\_\_\_
6. Would you want your child to be in close association with this child? \_\_\_\_\_
7. How would the applicant rate in the following?

	Excellent	Good	Average	Below Average	Poor	N/A
<b>Academic Potential</b>						
Turns Work in on Time						
Strives for Excellence						
Able to Comprehend Instructions						
Retention of Previous Work						
Diligent in Study Time						

	Excellent	Good	Average	Below Average	Poor	N/A
<b>Personal Attributes</b>						
Respectfulness						
Creativeness						
Personal Integrity						
Relationship with Adults						
Relationship with Peers						
Maturity						
Conduct and Discipline						

(Please continue to second page.)

Please check one of the following:

I recommend this student for admission

I do not recommend this student for admission

I recommend this student with reservations. See comments below:

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May we contact you by phone if more information is needed?  No  Yes

Day phone number \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
date