



**SCECINA
MEMORIAL
HIGH SCHOOL**

TEACHER RECOMMENDATION FORM

(PLEASE TYPE OR PRINT)

Applicant Name: _____ **Grade School:** _____

Recommendation Completed By: _____ **Title:** _____

1. How long and in what capacities have you known this applicant?

2. What are the first three words that come to mind to describe this applicant?

3. Please compare this applicant's academic achievement with his/her ability.

4. Compared to other students of the same age, please rate the applicant's: (Check box)

Student Characteristic	Below Average	Average	Good	Truly Outstanding
Academic potential				
Academic achievement				
Reading skill				
Writing skill				
Oral skill				
Study habits				
Organization				
Initiative				
Honesty				
Reaction to criticism				
Self-discipline				
Concern for others				
Dependability				
Interaction with peers				
Interest/ achievement in the arts				

Please check one box regarding applicant's admission to Scecina Memorial High School :

- Highly recommend
 Recommend
 Recommend with reservation
 Do not recommend

Teacher's Statement: Please use the space below to share any additional information with the Admissions Committee.

Signature: _____ Date: _____

PLEASE RETURN TO APPLICANT TO INCLUDE IN APPLICATION PACKET. A SEALED ENVELOPE MAY BE USED.

THANK YOU FOR YOUR TIME AND FOR THE HELPFUL INFORMATION YOU PROVIDED!