



# TEACHER RECOMMENDATION FORM

Date: \_\_\_\_\_

## TO THE PARENT

Complete the top section of this form and send it directly to a teacher who knows the applicant well. It is understood that the information released will remain confidential.

Student Name \_\_\_\_\_

Student's Current Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Teacher Name \_\_\_\_\_

School \_\_\_\_\_

## TO THE TEACHER

The above named student has applied for admission to HILLSPRINGS ACADEMY. We would appreciate your assessment of the student. Your evaluation will be given full consideration and will be kept confidential. Thank you for your time and effort in completing this form.

	Outstanding	Above Average	Average	Below Average	Unable to Rate
Academic Potential					
Academic Performance in Reading					
Academic Performance in Written Language					
Academic Performance in Math					
Motivation					
Attention					
Organization					
Cooperation					
Respect for Authority					
Peer Relationships					
Maturity					
Gross Motor					
Fine Motor					
Speech and Language					

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please comment on the student's specific areas of strength. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on the student's specific areas of weakness. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please comment on the student's behavioral characteristics related to the classroom. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Keeping in mind that HILLSPRINGS ACADEMY offers a structured environment for high potential students who have been diagnosed with learning differences or attention-deficit/hyperactivity disorder, do you recommend this candidate?

Enthusiastically

Confidently

With Reservations\*\*

Do Not Recommend\*\*

\*\*Please explain reservations. \_\_\_\_\_

\_\_\_\_\_

Do you have any additional remarks that would help us know this child better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher Name \_\_\_\_\_ Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_ Telephone \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completion, please return directly to:  
Director of Admissions at HILLSPRINGS ACADEMY  
437 Windchime Place  
Colorado Springs, CO 80919  
OR: FAX (719) 576-3863**

HILLSPRINGS ACADEMY is a non-profit organization serving high-potential students in grades 1-8 with learning differences and/or attention-deficit/hyperactivity disorder.