



Academy High School
Teacher/Administrator Recommendation

Student Name _____

Teacher/ Administrator Name _____

Subject or Position _____

How long have you know this student? _____

Please circle the corresponding number that best matches your response.
0=does not apply 1=never 2=sometimes 3=often 4=always

The student:

1. is eager to learn 0 1 2 3 4
2. is open to new learning experiences 0 1 2 3 4
3. is self-directed 0 1 2 3 4
4. is self-motivated..... 0 1 2 3 4
5. works well in a cooperative learning setting ... 0 1 2 3 4
6. is motivated to graduate 0 1 2 3 4
7. exhibits a good work ethic 0 1 2 3 4
8. accepts responsibility for his/her behavior..... 0 1 2 3 4
9. exhibits self control 0 1 2 3 4
10. practices good behavior in class 0 1 2 3 4
11. turns in work on time 0 1 2 3 4
12. interacts appropriately with adults 0 1 2 3 4
13. interacts with other students appropriately 0 1 2 3 4
14. attends class regularly 0 1 2 3 4

Comments:

Signature _____ Date _____

Please seal in an envelope and return either through Campus Mail or First Class Mail to:

Academy High School
4820 Jack C. Hays Tr.
Buda, TX 78610
Phone: 512-268-8462
Fax: 512-268-4142



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