



TEACHER RECOMMENDATION

Please indicate subject area. English and Math are recommended.

English
 Math
 Science
 Social Studies
 General Classroom

Parent or Guardian: Please submit this form to your son's principal or counselor and have them forward it directly to MMA via fax 573-581-0081, or electronically to info@missourimilitaryacademy.org, or by regular mail to the address on page 2.

APPLICANT INFORMATION			
First Name	Middle Name	Surname or Family Name	Birthdate (MM/DD/YYYY)

Dear Teacher:

The student listed above has made application for admission to Missouri Military Academy. Your candid assessment of his ability and promise will help the Admissions Committee render a decision about a possible acceptance. Your evaluation will be kept in confidence.

1. How would you rate this student's reading ability?			
<input type="checkbox"/> Advanced	<input type="checkbox"/> Normal	<input type="checkbox"/> Remedial	<input type="checkbox"/> Other: (Explain)

2. How would you rate this student's writing ability?			
<input type="checkbox"/> Advanced	<input type="checkbox"/> Normal	<input type="checkbox"/> Remedial	<input type="checkbox"/> Other: (Explain)

3. How would you rate this student's problem solving ability?			
<input type="checkbox"/> Advanced	<input type="checkbox"/> Normal	<input type="checkbox"/> Remedial	<input type="checkbox"/> Other: (Explain)

4. Does the applicant have any fundamental weaknesses or learning difficulties which might impede his learning in your subject area? If "YES", please explain.	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

5. How would you rank the applicant among the students you have taught?				
<input type="checkbox"/> Among the best	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Fair	<input type="checkbox"/> Below Average

6. If you had a son of the applicant's age, would you be comfortable having your son and the applicant be roommates? If "NO", please explain.	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

7. Please rate the applicant as compared to other students you have taught. Use a ✓ to indicate your selection.

QUALITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	FAIR	NEEDS IMPROVEMENT
Work ethic					
Relationships with peers					
Relationships with adults					
Sense of humor					
Leadership skills					
Personal discipline					
Self-confidence					
Honesty					
Sense of responsibility					
Emotional maturity					
Manages time					
Follows directions					
Motivation to learn					
Organizational skills					
Completes homework					
Class participation					
Academic potential					
Academic achievement					


8. How do you recommend the applicant for admission to Missouri Military Academy?

	Enthusiastically	With Confidence	Acceptable	Doubtfully	Not Recommended
As a person					
As a student					

9. How long have you known or worked with the applicant? _____ Years _____ Months

Thank you for taking your valuable time to complete this recommendation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and only disclosed to members of the Admissions Committee or others considered necessary by the Director of Admissions.

Your Name	Professional Title	Telephone
Name of School	Mailing Address: # and Street	
City, State	Country	Zip or Postal Code

 Your Signature: _____

Date: _____

Please return this form to:
Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265 USA
info@missourimilitaryacademy.org
Phone 573-581-1776 x 323
Fax 573-581-0081