

# TEACHER RECOMMENDATION FORM

## *CONFIDENTIAL*

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**Please complete for applicants in grades kindergarten through twelfth**

Applicant's Name \_\_\_\_\_ Current Grade \_\_\_\_\_  
*first middle last*

School \_\_\_\_\_ Teacher \_\_\_\_\_

A teacher recommendation is required for all BA applicants. These appraisals are extremely useful in helping us evaluate someone for whom we have only limited contact. **As you will note, some questions may not be age appropriate for the candidate in question. In such instances, please disregard the questions or answer them as best as you can.**

1. How long have you known the applicant?

2. Section Level (Circle One)

ABOVE GRADE LEVEL    GRADE LEVEL    BELOW GRADE LEVEL

3. Does the applicant possess any extraordinary skills (drama, music, art, sports, clubs, other) or capacity for leadership? Please describe.

4. What adjectives or phrases describe this applicant? Please note both strengths and weaknesses:

5. We welcome any additional comments that you think might be helpful to us.

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In relation to others in the candidate's age group whom you have taught, please check the appropriate box for each item below, or please substitute a written statement describing the candidate.

	<b>Truly Outstanding</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Below Average</b>	<b>Poor</b>	<b>Unable to Judge</b>
Academic Potential							
Academic Achievement							
Reading Skill & Interest							
Written Expression							
Verbal Expression							
Study Habits							
Initiative							
Curiosity							
Creativity							
Common Sense							
Seriousness of purpose							
Reaction to criticism							
Leadership							
Self-discipline							
Independence							
Peer Compatibility							
Sense of humor							
Concern for others							
Conduct							
Integrity							
Dependability							
Emotional Stability							
Energy							
Athletic Interest							
Respect accorded by faculty							

Recommendation as a student: Outstanding \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_

Where does the applicant rank in your class? Top 10% \_\_\_ Top 20% \_\_\_ Top 50% \_\_\_ Bottom 50% \_\_\_

Recommendation as a person: Outstanding \_\_\_ Above Average \_\_\_ Average \_\_\_ Below Average \_\_\_

Please return directly to:  
The Office of Admissions  
Beaufort Academy  
240 Sams Point Road  
Beaufort, SC 29907

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone(\_\_\_\_\_) \_\_\_\_\_

TEL: (843) 524-3393  
FAX: (843) 524-1171

Check this box if you are interested in receiving more information about Beaufort Academy.

*Thank you for the time you have taken in completing this form. Your comments will be most helpful to the Admission Committee in making the final selection for students entering the school. All remarks will be kept strictly confidential and will not become a part of the applicant's permanent records.*