



# HIGH POINT PREPARATORY ACADEMY

## TEACHER'S CONFIDENTIAL RECOMMENDATION FORM

### 2009-2010

Shaded portion to be completed by applicant's parent.

Name of Applicant \_\_\_\_\_ Applying for Grade \_\_\_\_\_

My son/daughter is applying for admission to High Point Preparatory Academy (HPPA). Please complete this form and return it directly to HPPA in the attached envelope. I hereby authorize the release of my child's records and evaluative data to HPPA.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Name of School: \_\_\_\_\_

The following portion to be completed by a former or current teacher of applicant.

The above-named applicant is applying for admission to High Point Preparatory Academy (HPPA). The Admissions Committee finds candid, thorough evaluations invaluable to the decision-making process. Please include any information that you feel is pertinent and remember that your prompt appraisal of the candidate will help to ensure full consideration. Please answer **both sides** of this form. Thank you for your input and your prompt return of this form.

Please rate the applicant in each of the following areas:

	Superior	Above Average	Average	Below Average	N/A
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include additional comments to expand or qualify your appraisal of the applicant:

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*continued on the back*



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*continued from the front*

Please indicate any area(s) wherein the applicant might need special attention from HPPA staff members:

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How long have you known the applicant? \_\_\_\_\_

I  recommend       do not recommend       recommend with reservation

this individual to enroll at HPPA.

Teacher's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Position - Subject/Grade Level: \_\_\_\_\_

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

