



## English Teacher Recommendation for

\_\_\_\_\_  
(student's name and current grade)

The above named student has applied for admission to Lynnhaven Academy. We would appreciate you completing this form and returning it to us. This information will be invaluable as we decide if Lynnhaven Academy is a good match for this student. Your remarks will be kept confidential and will be viewed only by admission and administrative personnel. Thank you for your cooperation and your perspective as we proceed in the admission process.

**Please indicate your impression of the student by making a checkmark on the appropriate line:**

<b><u>Academics</u></b>	<b><u>Outstanding</u></b>	<b><u>Above Average</u></b>	<b><u>Average</u></b>	<b><u>Below Average</u></b>	<b><u>Poor</u></b>
Intellectual curiosity	_____	_____	_____	_____	_____
Academic potential	_____	_____	_____	_____	_____
Academic performance	_____	_____	_____	_____	_____
Persistence	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Spirit of cooperation	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Concern for others	_____	_____	_____	_____	_____
<b><u>Work Habits</u></b>	<b><u>Outstanding</u></b>	<b><u>Above Average</u></b>	<b><u>Average</u></b>	<b><u>Below Average</u></b>	<b><u>Poor</u></b>
Attentiveness	_____	_____	_____	_____	_____
Follows directions	_____	_____	_____	_____	_____
Completes tasks	_____	_____	_____	_____	_____
Willing to try new activities	_____	_____	_____	_____	_____
Expresses ideas well	_____	_____	_____	_____	_____
Accepts constructive criticism	_____	_____	_____	_____	_____

Please describe this student's areas of strength:

Please describe any areas of weakness this student might have:

Please include any information that you feel would be of help (i.e. description of any behavioral episodes, family situations, or functional disabilities):

Your Overall Recommendation: Outstanding \_\_\_\_\_ Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

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

Name and Position (please print) \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Kindly Return to:**

Lynnhaven Academy Office of Admission

1000 Westover Hills Boulevard

Richmond, Va 23225

Phone: 804-750-2300

Fax: 804-750-2301

Email: [admission@lynnhavenacademy.org](mailto:admission@lynnhavenacademy.org)

*Thank you for taking the time to complete this form. Please return it to Lynnhaven Academy.*