



KING'S VIEW ACADEMY

TEACHER RECOMMENDATION

PART B

Please complete the following items and request that the person to whom you are giving this form fill out Part II and return it to King's View Academy Admissions Office. (Address is at end of this form.)

PART I - APPLICANT

Applicant's Full Name _____

Street Address/ City/ Province/ Postal Code _____

Phone/ Fax/ e-mail (include area code) _____

In what capacity have you known the applicant? How long? _____

PART II - TEACHER/INSTRUCTOR

The above student is making application for admission to King's View Academy, and is asking that you complete this confidential recommendation form. For questions please call the admissions office at 902-429-5434.

Please mention any unusual physical, personal, or emotional health problems that the Academy should be aware in considering this applicant. You may attach a separate sheet if necessary.

Estimate the applicant's success, and please check the appropriate choice:

- Will probably be a superior student
 Will probably be an above average student
 Will probably be an average student
 Please contact me for further information
 May have some difficulty and should have special guidance (please explain below)

Please check the appropriate category for each item:

Academic Potential	___ Excellent ___	___ Average ___	___ Needs Improvement
Academic Achievement	___ Excellent ___	___ Average ___	___ Needs Improvement
Written Expression	___ Excellent ___	___ Average ___	___ Needs Improvement
Oral Expression	___ Excellent ___	___ Average ___	___ Needs Improvement
Study Habits	___ Excellent ___	___ Average ___	___ Needs Improvement
Initiative	___ Excellent ___	___ Average ___	___ Needs Improvement
Creativity	___ Excellent ___	___ Average ___	___ Needs Improvement
Common Sense	___ Excellent ___	___ Average ___	___ Needs Improvement
Seriousness of Purpose	___ Excellent ___	___ Average ___	___ Needs Improvement
Reaction to Criticism	___ Excellent ___	___ Average ___	___ Needs Improvement
Leadership	___ Excellent ___	___ Average ___	___ Needs Improvement
Self-Discipline	___ Excellent ___	___ Average ___	___ Needs Improvement
Independence	___ Excellent ___	___ Average ___	___ Needs Improvement
Peer Compatibility	___ Excellent ___	___ Average ___	___ Needs Improvement
Sense of Humour	___ Excellent ___	___ Average ___	___ Needs Improvement
Concern for Others	___ Excellent ___	___ Average ___	___ Needs Improvement
Conduct/Decorum	___ Excellent ___	___ Average ___	___ Needs Improvement
Integrity	___ Excellent ___	___ Average ___	___ Needs Improvement
Dependability	___ Excellent ___	___ Average ___	___ Needs Improvement
Emotional Stability	___ Excellent ___	___ Average ___	___ Needs Improvement

SUMMARY APPRAISAL

Please use this space for a summary appraisal or observations you feel should be made on behalf of this student's candidacy.

PART III - TEACHER/INSTRUCTOR SIGNATURE

Signature/Date

Print Name Above/ Title/ Name of School

Office Phone Fax e-mail (include area code)

Street Address/ City/ Province/ Postal Code

Please send admissions materials to:

Admissions
King's View Academy
6199 Chebucto Road
Halifax, Nova Scotia, Canada, B3L 1K7
Tel 902-429-5434 Fax 902-429-5433
Email: admin@KingsViewAcademy.com
Web Site: <http://www.KingsViewAcademy.com>