

TEACHER RECOMMENDATION



PART B

Please complete the following items and request that the person to whom you are giving this form fill out Part 2 and return it to King's View Academy Admissions Office. (Address is at end of this form.)

1. APPLICANT

Applicant's Full Name

Street Address / City / Province / Postal Code

Phone / Fax / Email (include area code)

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

2. 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	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Academic Achievement	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Written Expression	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Oral Expression	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Study Habits	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Initiative	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Creativity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Common Sense	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Seriousness of Purpose	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Reaction to Criticism	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Leadership	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Self-Discipline	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Independence	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Peer Compatibility	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Sense of Humour	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Concern for Others	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Conduct/Decorum	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Integrity	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Dependability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Needs Improvement
Emotional Stability	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> 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.

3. TEACHER/INSTRUCTOR SIGNATURE

Signature

Date

Name /Title / Name of School

Office Phone / Fax / Email (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

www.KingsViewAcademy.com