

TEACHER RECOMMENDATION

instructions to students

Fill out the Student Information section below and give this form to the teacher or guidance counselor you would like to use as a reference. Please supply your referee with a stamped envelope addressed to ASA Admissions, 375 West Broadway, Suite 200, New York, NY 10012. Ask your school to send a copy of your transcript or send your most recent grade report to ASA at the same address.

student information

Name _____

FIRST

LAST

Address _____

STREET

CITY

STATE

ZIP

COUNTRY (IF NOT USA)

ASA Program you are applying to: _____

Morning Course _____ Afternoon Course _____

Under the provisions of the Family Education and Privacy Act, I waive any right of access that I might have to this evaluation.

instructions to teachers/guidance counselors

The student named above is applying to an ASA pre-college program. All ASA programs demand a significant amount of maturity, flexibility and academic study. Acceptance to this program requires that students show evidence of intellectual curiosity and be socially and emotionally mature enough to handle the choices and opportunities they might encounter on a college campus. On the basis of these criteria, we welcome your evaluation of this student's ability to participate successfully in an ASA program.

teacher/guidance counselor evaluation

How many years have you known the student? _____

In what capacity? _____

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Academic Achievement:				
ACTUAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POTENTIAL	<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"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect For Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student ever been involved in any disciplinary action in your school? yes no

If you answered "yes," please explain if possible. _____

CONTINUED ON REVERSE

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Please use this space to answer the following questions. Should you feel you need to expand upon your evaluation, feel free to attach an additional sheet.

What are the student's strengths? _____

The structure of the program intentionally allows personal freedom and choice. Please comment on the student's ability to succeed in this environment. _____

If you checked "below average" on the previous page, please explain how this may affect his/her success in the program.

overall recommendation

- I recommend this candidate without reservation
- I recommend this candidate with reservation (please explain)
- I feel this candidate is unsuited for the program at this time

Name (PRINT) _____ Job Title _____

Signature _____ Date _____

School _____