



# 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: \_\_\_\_\_

AM Course: \_\_\_\_\_ PM 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

	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 use the space provided to explain if possible.

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CONTINUED ON REVERSE

