



ACADEMY FOR DISCOVERY AT LAKEWOOD TEACHER RECOMMENDATION FORM

These are confidential recommendations and will not be shared with the applicant or their parents.

Student Applicant's Name:

Date:

Evaluator's Name:

Subject Taught:

Directions to Student: Complete the information above and give a separate form to the following teacher for recommendations: current teacher of mathematics, reading, science and/or social studies.

Directions to Teacher: The student listed above is applying for admission into Academy for Discovery at Lakewood. Please mark the box below that best represents your assessment of some of your student's traits. Specific examples may be included in written description on the next page. This form is available electronically as a fill in form by emailing ADLQuestions@nps.k12.va.us or from your school counselor.

TRAITS	EXCELLENT	VERY GOOD	GOOD	POOR	DON'T KNOW
Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachable attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to listen to others' opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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TEACHER RECOMMENDATION FORM**

Student Applicant's Name:

Date:

Evaluator's Name:

Please provide any additional comments that are specific to this student's potential success at Academy for Discovery at Lakewood and may include specific examples from the traits on the previous page. We are interested in strong academic students who are highly motivated and exhibit mature decision-making skills. (Do not exceed the space provided below.)

Additional Comments:

Teachers: Please only select one below.

	Highly Recommend	Recommend	Recommend With Reservations	Do Not Recommend
Overall Recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All recommendations should be returned in a sealed envelope with the student's name written on the front. The teacher should sign their name across the seal of the envelope. For NPS students, please return the recommendation back to the student's school counselor no later than Wednesday, February 3, 2016. For private or homeschooled applicants, please return the recommendation directly to the school.

Evaluator's Signature: