## **Academy Recommendation Form – Out of District Students**

Dear Teacher:							
The student listed is applying to one of the FBISD Academies. As someone who knows this student, your evaluation is critical in helping us in the selection process.			<b>Dear Student -</b> Please complete the following so this recommendation can be properly matched to your application.  PLEASE PRINT				
		Na	ame				
Please complete <b>both</b> sides and return this form to the academy coordinator in a sealed envelope with your signature across the flap.  Response time is critical, as a student's application cannot be considered until all par		pe Sti	Student Temporary ID  Current Campus				
have been received			cademy to whic	ch you are app	olying:		
Quail Va 3019 FM	riest, GT Academy Coordinato lley Middle School 1092 City, TX 77459	r [		nd Talented	·		
IB Middle Years – Keisha	a Smith-Davis, IB Coordinator		I Internati	onal Baccala	aureate Midd	lle Years Programme	
Misso 202 M Misso	uri City Middle School Iartin Lane uri City, TX 77489	L					
Misso 202 M Misso Name of Teacher complet have known this studen	artin Lane	ve taught h	im/her in the	e following	course(s):		
Misso 202 M Misso Name of Teacher complet have known this studen	fartin Lane uri City, TX 77489  ing this form (please print):  t for years. I ha	ne applica	ant's quali	e following o	v:	1	
Misso 202 M Misso Name of Teacher complet have known this studen	fartin Lane uri City, TX 77489  ing this form (please print): nt for years. I ha	ne applica	nim/her in the	e following	course(s):	]	
Misso 202 M Misso Name of Teacher complet have known this studen	Ing this form (please print):  Int for years. I have reconfidential rating of the positive attitude	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso  Misso  Iame of Teacher complet  have known this studen	Int for years. I ha	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso  Name of Teacher complete  have known this studen	artin Lane uri City, TX 77489  ing this form (please print):  nt for years. I ha  r confidential rating of the Positive attitude Effective communication Academic preparation	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso  Misso  Iame of Teacher complet  have known this studen	ing this form (please print): int for years. I have reconfidential rating of the Positive attitude Effective communication Academic preparation Emotional maturity	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso  Misso  Iame of Teacher complet  have known this studen	artin Lane uri City, TX 77489  ing this form (please print):  nt for years. I have  r confidential rating of the positive attitude  Effective communication  Academic preparation  Emotional maturity  Classroom behavior	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso  Misso  Iame of Teacher complet  have known this studen	ing this form (please print): int for years. I have reconfidential rating of the positive attitude Effective communication Academic preparation Emotional maturity Classroom behavior Punctuality and dependability	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso Name of Teacher complet have known this studen	artin Lane uri City, TX 77489  ing this form (please print):  nt for years. I have  r confidential rating of the positive attitude  Effective communication  Academic preparation  Emotional maturity  Classroom behavior  Punctuality and dependability  Initiative	ne applica	ant's quali	e following o	v:		
Misso 202 M Misso Name of Teacher complet have known this stude	ing this form (please print): int for years. I have reconfidential rating of the positive attitude Effective communication Academic preparation Emotional maturity Classroom behavior Punctuality and dependability	ne applica	ant's quali	e following o	v:		

mail address:				
hool/Campus:		Phone: (	)	
hank you for your time	and help for your	student and us. (	Please provide the following info	rmation in case of questions).
acher Signature:			Date	
ny do you make this rec	ommendation? we	rely on your candi	a comments in ev	aluating this stud

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Dear Teacher:							
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Please complete both so the academy coordinate with your signature across Response time is critical application cannot be have been received.	ator in a sealed envelo ss the flap. <u>cal, as a student's</u>	pe St Cu parts	udent Tempo urrent Campu cademy to whice	IS			
GT Academy – Abigail Pries Quail Valley 3019 FM 109 Missouri Cit	Middle School	or [	Gifted a	nd Talented <i>i</i>	Academy		
202 Marti	City Middle School		memau	Uliai Baccala	ureate iviluul	le Years Proç	jrannine
Name of Teacher completing have known this student for							
Please indicate your c	onfidential rating of t	he applica	ant's quali	ties below	<b>/</b> :		
		Clearly Outstanding	Exceeds	Satisfactory	Below Expectations		
	Positive attitude	Outstanding	Expectations	Salisiaciory	Lxpectations		
	Effective communication						
	Academic preparation						
	Emotional maturity						
	Classroom behavior						
	Punctuality and dependability						
	Initiative						
	Creativity						

n considering this student for the academy	listed above, I would	
☐ Enroll without hesitation ☐ Consid	ler strongly	with some reservations

Ability to work independently

mail address:				
hool/Campus:		Phone: (	)	
hank you for your time	and help for your	student and us. (	Please provide the following info	rmation in case of questions).
acher Signature:			Date	
ny do you make this rec	ommendation? we	rely on your candi	a comments in ev	aluating this stud