

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.

Please complete **both** 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 parts have been received.

GT Academy – Abigail Priest, GT Academy Coordinator
 Quail Valley Middle School
 3019 FM 1092
 Missouri City, TX 77459

IB Middle Years – Keisha Smith-Davis, IB Coordinator
 Missouri City Middle School
 202 Martin Lane
 Missouri City, TX 77489

Dear Student - Please complete the following so this recommendation can be properly matched to your application.

PLEASE PRINT

Name _____

Student Temporary ID _____

Current Campus _____

Academy to which you are applying:

Gifted and Talented Academy

International Baccalaureate Middle Years Programme

Name of Teacher completing this form (please print): _____

I have known this student for _____ years. I have taught him/her in the following course(s):

Please indicate your confidential rating of the applicant's qualities below:

	Clearly Outstanding	Exceeds Expectations	Satisfactory	Below Expectations
Positive attitude				
Effective communication				
Academic preparation				
Emotional maturity				
Classroom behavior				
Punctuality and dependability				
Initiative				
Creativity				
Ability to work independently				

In considering this student for the academy listed above, I would . . .

- Enroll without hesitation
 Consider strongly
 Consider with some reservations
 Not recommend

Why do you make this recommendation? We rely on your candid comments in evaluating this student.

Teacher Signature: _____

Date _____

Thank you for your time and help for your student and us. (Please provide the following information in case of questions).

School/Campus: _____ Phone: () _____

E-mail address: _____

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