



The Master's Academy
 120 School Drive
 Forest City, NC 28043
 (828) 229-3172 FAX (828) 229-3174
www.TMALions.com

Confidential Recommendation Form: *Current Teacher*

Instructions: Please complete items 1 through 4. Then give the form to your child's current Elementary Teacher. Ask this person to complete and return the form to The Master's Academy. **Enclose a TMA addressed, stamped envelope for each recommendation, or have the person email it to, office@TMALions.com.**

1. Applicant Name: (print)
2. Grade Applying for:

My son/daughter is applying for admission to The Master's Academy. I would appreciate your completing this form and returning it directly to The Master's Academy. I hereby authorize the release of information regarding my child to The Master's Academy.

3. Date _____ 4. Parent/Guardian Signature _____

Name of Teacher: (print)
Name of School:
Grade Taught:
Signature:

Your candid estimate of the applicant will help our admissions personnel to make a decision that is best for both the applicant and the school. Your comments will be held in the strictest confidence. For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the rating scale to select the quality number. Please use a question mark (?) where you have insufficient evidence. Please comment to the applicant's potential for success on the reverse side.

Attribute	Rating				
	Poor	Good			Excellent
1. Academic Performance	1	2	3	4	5
2. Initiative, Drive	1	2	3	4	5
3. Leadership, Responsibility	1	2	3	4	5
4. Interest in Service Activities	1	2	3	4	5
5. Parental Support	1	2	3	4	5
6. Peer Relations	1	2	3	4	5
7. Personal Qualities	1	2	3	4	5
8. Emotional Health	1	2	3	4	5
9. Classroom Behavior	1	2	3	4	5
10. Overall Recommendation	1	2	3	4	5