

Recommendation Form #1 - Page 1

To be completed by previous school's teacher and/or principal. The purpose of this form is to request a general assessment of the student, which will become part of his/her application for admission to Spencerville Adventist Academy. All information that you furnish will be kept confidential.

Applicant's Name _____ Grade Applying for _____

How long have you known the applicant and in what capacity?

In what area is the applicant most exceptional?

In what area does the applicant need the most improvement?

Does the student have any special academic needs or been evaluated for any reason?

Does the student get along well with other students?

Has the student had any discipline problems? (Please explain)

How well do you feel the applicant handles differences of opinion?

To your knowledge has the student ever used tobacco, alcohol, or drugs?

Have all financial obligations to your school been fulfilled? **(To be completed by an Administrator)**

Recommendation Form #1 - Page 2

For each of the qualities listed below, check the most appropriate descriptor:

	N/A	Below Average	Average	Above Average
Energy and initiative				
Leadership				
Responsibility				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Reaction to criticism				
Reaction to setbacks				
Maturity				
Good judgment				
Self-discipline				
Personal Appearance				
Attendance				
Shows respect for others				
Cooperative				

Strongly recommend Recommend
 Recommend with reservations Do not recommend

Reference given by: _____

Title: _____

Institution: _____

Address: _____

Phone number: _____

E-mail address: _____

May we contact you for further information? Yes _____ No _____

Return the completed form in a sealed envelope (not provided) to:

Spencerville Adventist Academy
 Attention: Admissions
 2502 Spencerville Road,
 Spencerville MD 20868

Recommendation Form #2 - Page 1

To be completed by previous school's teacher and/or principal. The purpose of this form is to request a general assessment of the student, which will become part of his/her application for admission to Spencerville Adventist Academy. All information that you furnish will be kept confidential.

Applicant's Name _____ Grade Applying for _____

How long have you known the applicant and in what capacity?

In what area is the applicant most exceptional?

In what area does the applicant need the most improvement?

Does the student have any special academic needs or been evaluated for any reason?

Does the student get along well with other students?

Has the student had any discipline problems? (Please explain)

How well do you feel the applicant handles differences of opinion?

To your knowledge has the student ever used tobacco, alcohol, or drugs?

Have all financial obligations to your school been fulfilled? **(To be completed by an Administrator)**

Recommendation Form #2 - Page 2

For each of the qualities listed below, check the most appropriate descriptor:

	N/A	Below Average	Average	Above Average
Energy and initiative				
Leadership				
Responsibility				
Self-confidence				
Warmth of personality				
Sense of humor				
Concern for others				
Reaction to criticism				
Reaction to setbacks				
Maturity				
Good judgment				
Self-discipline				
Personal Appearance				
Attendance				
Shows respect for others				
Cooperative				

Strongly recommend Recommend
 Recommend with reservations Do not recommend

Reference given by: _____

Title: _____

Institution: _____

Address: _____

Phone number: _____

E-mail address: _____

May we contact you for further information? Yes _____ No _____

Return the completed form in a sealed envelope (not provided) to:

Spencerville Adventist Academy
 Attention: Admissions
 2502 Spencerville Road
 Spencerville, MD 20868