



CAPE FEAR ACADEMY

TEACHER RECOMMENDATION FOR ADMISSION

Applicant Name _____ Applying for grade _____

Please answer the following questions based on your personal observation and experience.

Thank you for returning this as soon as possible.

All information on this recommendation form is confidential.

1) How long have you known this student and in what capacity? _____

2) Does the student:

listen attentively for a sustained period of time appropriate to his/her age? _____

stick to a task? _____

follow directions given in a group? _____

follow directions given individually? _____

have a positive self-image? _____

respond favorably to correction? _____

demonstrate exceptional maturity in some particular area relative to his peers? _____

3) Circle items which describe your perception of this student:

leader persistent lazy withdrawn friendly outgoing follower shy

even-tempered mature impatient reserved responsible industrious relaxed

self-disciplined trustworthy creative tense hostile academically motivated

patient caring introvert honest respectful accepted by peers

4) To your knowledge, has this child ever been evaluated by an outside source for learning disabilities or emotional problems? YES _____ NO _____ DO NOT KNOW _____

If YES, please explain and give dates if available _____

5) Realizing that Cape Fear Academy offers a challenging academic curriculum, do you recommend this candidate? (check one please)

Enthusiastically _____ With Reasonable Confidence _____ With Reservations _____

Do Not Recommend _____ Please explain _____

6) In relation to boys and girls of the same age you have known, please indicate your rating below: (check one in each row)

	Outstanding	Excellent	Good	Fair	Poor
As a student	_____	_____	_____	_____	_____
As a person	_____	_____	_____	_____	_____

Additional remarks: _____

Teacher Name _____ Date _____

Job title _____

School Name _____ Phone _____

School Address _____

Thank you for your observations. If we may contact you for additional information, please list your:

Telephone Number _____

Email Address _____

Please return directly to:
Director of Admission
Cape Fear Academy
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