
Ricks Institute



Teacher Recommendation

P.O. Box 114, Virginia, Liberia, www.ricksonline.org
Mobile: + (231) 771- RICKS OR + (231) 6419860

_____ has applied to Ricks Institute and has requested that we contact you for a recommendation. Please give your evaluation in the area in which you feel qualified to do so. Any statement that you make will be held in the utmost confidence.

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

Please evaluate the applicant as to:

	Excellent	Good	Average	Below Average	Poor	No Basis for judgments
Academic Ability						
Academic Achievement						
Academic Motivation						
Willingness to follows direction						
Responsibility						
Independence in work habits						
Use of time						
Relationship with peers						
Relationship with adults						
Leadership qualities						
Emotional stability						
Self discipline						

Please give YES or NO answers for the following questions. Please explain all YES answers.

1. Does the applicant have any outstanding characteristics?

2. Does the applicant have characteristics that need special attention?

3. Does the applicant have any outstanding weakness?

4. Does the applicant have any special emotional need?

5. Has the applicant been a discipline problem at school?

6. Are there family circumstances that affect the way the applicant behaves in school?

6. Is there any special teaching technique that would help this applicant?

7. Is there any additional information we need to know to help us work successfully with this child?

Thank you very much for your time. Your information is valuable to us. Please return this form to the Admission/Business office of Ricks Institute, Virginia, Liberia. Mobile: + (231) 771- RICKS or + (231) 6419860

Signature_____Date_____

Address_____

_____Phone_____