



7-12 TEACHER RECOMMENDATION

STUDENT INFORMATION

Student Name

Grade Level

TEACHER INFORMATION

Teacher Name

Subject

Name of School

Phone

Email

	Excellent	Good	Average	Poor	Comments
Academic Ability					
Attendance					
Participation					
Behavior					
Maturity					
Responsibility					
Peer Relationships					
Attitude					
Initiative					

I recommend this student: Enthusiastically With Reservation Not Recommended

Additional Comments

Teacher Signature _____ *Date* _____

RETURN INFORMATION

Please return completed form to:
 Mile High Adventist Academy
 Admissions Office
 1733 Dad Clark Drive

or email admissions@milehighacademy.org

Highlands Ranch CO 80126

