

# ACADEMY Student Recommendation Form

ACADEMY students need one recommendation form from a teacher or school administrator. **NEW** students who are applying to ACADEMY for the first time will need a second recommendation which can be from an adult non-family member who has an educational relationship with the student (ie. another teacher, 4H leader, Scout leader, Coach, Pastor, Music Instructor, etc.)

Recommender: Please complete it in a timely manner as the student's application is not complete until submitted. **Due by the last day in April.**

## KEEP CONFIDENTIAL

Name of Student \_\_\_\_\_

Name of Recommender \_\_\_\_\_ Position \_\_\_\_\_

School or Organization \_\_\_\_\_ District \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone/Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Are you a relative of the student? YES NO

1. How long have you known this student? \_\_\_\_\_

2. Why do you believe this student would benefit from the ACADEMY program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How does this student relate to other students in your classroom or school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does this student work in a classroom setting?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate which of the following apply to the applicant. In addition to being highly motivated or identified as talented and gifted, we look for characteristics in the following areas:

Measured intelligence above average

if yes, please explain: \_\_\_\_\_

Proven leadership ability

Special talents

Exceptional ability in the visual and/or performing arts

Unusual creative or productive thinking ability

Give examples illustrating the categories checked above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are there any behavioral characteristics (e.g. self discipline, respect for rules and people in authority) that we should know about that would help us better serve this student?

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7. Do you have any additional concerns you would like us to address with you by phone?  yes  no

**RETURN:**

**by mail:** SOU Youth Programs attn: SOU Youth Programs 1250 Siskiyou Blvd Ashland, OR 97520 in a sealed envelope with your signature across the sealed flap.

**by email:** youthprograms@sou.edu from teacher email (keep CONFIDENTIAL) subject line: ACADEMY and student's name

**in person:** 1388 Siskiyou Blvd. Outreach and Engagement Office (shares parking lot with Omar's Restaurant) in a sealed envelope with your signature across the sealed flap.

**KEEP CONFIDENTIAL Do not return this document unsealed through a parent or student**