## **ACADEMY Student Recommendation Form**

ACADEMY students need <u>one</u> recommendation form from a teacher or school administrator. **NEW** students who are applying to ACADEMY for the first time will need a <u>second</u> 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.* 

## **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?YESNO
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. Please explain in the text box below.

- □ Measured intelligence above average
- □ Proven leadership ability
- Special talents
- Exceptional ability in the visual and/or performing arts
- □ Unusual creative or productive thinking ability

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?

7. Do you have any additional concerns you would like us to address with you by phone?  $\Box$  yes  $\Box$  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