

SHENANDOAH VALLEY ACADEMY

234 W. Lee Hwy., New Market, VA 22844

(540) 740-3161 | (540) 740-3336 (fax) | registrar@svasda.org | www.shenandoahvalleyacademy.org

ACADEMIC RECOMMENDATION FORM

Name of student _____ Applicant grade _____

Signature _____ Date ___/___/___

To the Teacher:

Shenandoah Valley Academy is a college preparatory school for students in grades nine through twelve. The school caters to young people who respond well to small classes, a structured academic routine, and faculty support in a spiritual environment. Many students who enter Shenandoah Valley Academy have yet to realize their fullest academic potential. These same students graduate with the skills and poise necessary for success in college and in life. The student whose name appears above has applied for admission to Shenandoah Valley Academy. Your candid observations will help the Admissions Committee evaluate the appropriateness of Shenandoah Valley Academy for the applicant. This review will remain confidential and will not become part of the student’s permanent record. Please return your review directly to the school at the address at the top of the page. Thank you for your help in this important process.

Name _____

Title _____ School _____

ACADEMIC AND PERSONAL QUALITIES

How long and in what capacity have you known the applicant? _____

What are the first three words that come to mind to describe the applicant?

1. _____ 2. _____ 3. _____

What do you consider to be the applicant’s greatest strengths? _____

What do you consider to be the applicant’s greatest needs? _____

Please comment on the applicant’s approach to school (intellectual curiosity; study habits; perseverance; class participation; initiative and resourcefulness; reaction to advice or criticism).

Please comment on the applicant’s academic skills. _____

Please comment on the applicant’s character and personality (integrity; acceptance of responsibilities; maturity; self-confidence; sense of humor; warmth of personality). _____

Please comment on the applicant's relationship with others (leadership; rapport with peers, adults, and family).

Please comment on any circumstances inside or outside of school that affect the applicant's life at school.

Please list any special recognition the applicant has received.

Does the applicant have any personal, emotional, or physical difficulties of which the school should be aware?

PARENT/SCHOOL RELATIONSHIP

To your knowledge, is the parents' perception of the student consistent with the school's understanding of him/her?

Always Usually Sometimes Rarely Other _____

Which words best describe the parents in regard to their child?

Overly demanding Appropriate Overly supportive Other _____

If we have any additional question, may we call you?

Yes No

If yes, phone number _____

Most convenient time to call _____

Signature _____

Date ____/____/____

Printed Name _____