



Admissions Recommendation Form

Student's name: _____

Date of Birth: _____ Applying to Grade: _____

To the parent/guardian: Please complete the above information and read/sign the statement below. Give a signed copy of this form to your child's teacher or counselor and request that it be sent directly to Rise Academy. Rise Academy abides by the policy that all information on this form will be held in the strictest confidence and will not, directly or indirectly, be shared with students, parents, or guardians.

For the student named above, I understand that I/we may not access this recommendation and authorize the person completing this form and all relevant information to Rise Academy for purposes of my child's admission application. I also grant permission to the Admissions office or administration to contact the recommender for clarification or questions regarding the information provided.

Parent/guardian name: _____

Signature of parent/guardian: _____

Student signature: _____

To the person completing the recommendation: We are appreciative of your time and support of the student applying for admission to Rise Academy. We value your candid evaluation of this student's academic ability, social aptitude, and personal characteristics. We recognize the difficulty in evaluating a student, and we truly believe that high school students are ever growing, developing, and changing. This recommendation is only one part of the student's packet to be used in our admissions process and will not become a part of their cumulative file. If the applicant and applicant's parent/guardian has signed the waiver above, your recommendation will be kept confidential.

Form completed by: _____

Title: _____ Date: _____

School name: _____

Director/Principal's name/email: _____

How long have you known this student: _____ Do you currently teach this student: Yes No

Course taught: _____

If you are a counselor, in what capacity have you seen this student: _____



What three words come to mind when describing this student?

1. _____ 2. _____ 3. _____

Please list or describe any unique attributes of this student that set them apart from other students:

Please check the most appropriate description of this student in the table below. Feel free to write any comments or explanations in the space provided:

Personal Characteristics	1 (Emerging)–5 (Thriving) N/A (Not observed)	Comments
Motivation/effort		
Classroom conduct		
Respect for staff/teachers		
Respect for students		
Integrity/trustworthiness		
Peer relationships		
Accountability		
Self control		
Consideration of others		
Willingness to listen to others		
Seeks advice/help when needed		



Academic Performance	1 (Emerging)–5 (Thriving) N/A (Not observed)	Comments
Study habits		
Participation in discussions		
Ability to express ideas orally		
Ability to express ideas in writing		
Follows directions		
Prepared for class		
Asks questions		
Seeks academic help		
Ability to work independently		
Ability to work in a group		
Academic achievement		
Academic ability		

Family Information	Consistently	Usually	Sometimes	Rarely
Has realistic expectations for their child				
Communicates openly with the school				
Follows the rules and policies of the school				
Cooperates with classroom teachers				
Cooperates with administration				



Is there anything else Rise Academy should know as this student is considered for admission?

Do you have any additional information that may be helpful during this process?

May we contact you for further information? Yes No

Thank you for taking the time to complete this evaluation. Please keep an original for your records and send a copy to the school by one of the following methods:

Email:

Dr. Brittany Lopes, Rise Academy Principal: brittany.lopes@riseacademyva.org

Mail:

Rise Academy
ATTN: New Student Recommendation Form
2010 Carlisle Avenue
Richmond, VA 23231