

CURRENT 8th GRADE TEACHER RECOMMENDATION – FORM 1

High School Scholarship Applicant: _____

HighSight awards partial four-year scholarships for students to attend private high schools in Chicago. HighSight also provides academic and social support to enable its students to succeed at the high school of their choice. HighSight scholars are expected to demonstrate a commitment to their education and show a motivation to succeed. Qualifying families must exhibit financial need.

The applicant's **current 8th grade teacher** must complete this recommendation form. Thank you for your time and cooperation.

Please use the scale to rank the APPLICANT in the areas indicated below.

	LOW 1	AVERAGE 5	HIGH 10	
_____ Respect towards peers				_____ Follows directions
_____ Academic effort				_____ Respect towards teachers
_____ Academic achievement				_____ Positive attitude
				_____ Initiative
				_____ Positive contribution to school
				_____ Parent involvement

How many students do you teach in one day? _____

When you ask this student to change his/her behavior during class, what behavior are you coaching? _____

What is this student's strength academically? _____

What is this student's weakness academically? _____

Approximately how many assignments per week does this student miss? _____

Approximately how many assignments per week does this student turn in late? _____

Are there any academic special needs that this student has that would be important to mention? _____

Does this student see you for any additional assistance before or afterschool or class? If yes, how often? _____

How often do you have contact with this student's parent/guardian? Please describe your last correspondence. _____

Out of the total number of students you interact with each day, please rank (i.e. 1/30 is a high rank) this student in:

_____ Effort _____ Character _____ Performance

Please give us your estimate of this student's abilities, commitment to their education and motivation to succeed. You may use the back of this page or attach a separate sheet of paper.

Signature: _____ Date: _____

Name: _____ Amount of time you have this student in class: _____

School: _____ Subject: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

This form can be returned with the application or sent (recommendations can be emailed or faxed) in confidence by the last Friday in February to:

HIGHSIGHT
315 West Walton Street
Chicago, Illinois 60610