



# RANDOLPH-MACON ACADEMY

## Recommendation Form Principal/Counselor/Teacher

**This section to be completed by the student and parents:**

Student's Name: \_\_\_\_\_  
Last First Middle

Applying for Grade \_\_\_\_\_ in the 20\_\_\_\_-20\_\_\_\_ school year for the  Fall  Spring  Summer Term.

I waive my right to read the confidential recommendation for the student listed above.

\_\_\_\_\_  
Signature of student Date

\_\_\_\_\_  
Signature of parent or guardian Date

*The student named above has applied for admission to Randolph-Macon Academy. Please complete this form using your professional judgment. The information will be strictly confidential. Thank you.*

1. Please comment on the candidate's attitude toward school.
  
2. To your knowledge, does the student take good advantage of extracurricular activities?
  
3. Has the student been recognized for outstanding academic, athletic, or artistic performance?
  
4. What is your candid estimation of the student's moral character?
  
5. Does the student have a history of disruptive behavior and/or classroom disturbances?
  
6. Has the student ever been expelled or suspended? \_\_\_Yes \_\_\_No Please explain.
  
7. To your knowledge, has the student had any involvement with drugs, alcohol, or law enforcement authorities?  
\_\_\_Yes \_\_\_No Please explain.

(over)

To the best of your ability, please evaluate the student in the following categories:

Academic Ability	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Intellectual potential						
Intellectual motivation						
Class participation						
Initiative						
Creative qualities						
Stays on task						
Preparedness						

Character	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Emotional maturity						
Respect for authority						
Sensitivity to others						
Peer interaction						
Leadership						
Responsibility						
Honesty						
Reaction to criticism						

Name \_\_\_\_\_ How long have you known the student? \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone number \_\_\_\_\_ Email address \_\_\_\_\_

School \_\_\_\_\_ Title/Subject taught \_\_\_\_\_ Relationship to student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return as soon as possible to Randolph-Macon Academy's Office of Admission.**

Admission Office (540) 636-5484 Fax (540)636-5419 admission@rma.edu