



# *Ricks Institute*

## Teacher Recommendation

P. O. Box 114, Virginia, Liberia, [www.ricksonline.org](http://www.ricksonline.org)  
Mobile: + (231) 770561809 OR + (231) 886621064

\_\_\_\_\_ has applied to Ricks Institute and requested that we contacted you for a recommendation. Please give your evaluation in the area in which you feel qualified to do so. Any statement that you make will be held in the utmost confidence.

In what capacity do you know the applicant? \_\_\_\_\_  
How long have you known the applicant? \_\_\_\_\_

Please evaluate the applicant as to:

|                                  | Excellence | Good | Average | Below Average | Poor | No Basis for Judgments |
|----------------------------------|------------|------|---------|---------------|------|------------------------|
| Academic Ability                 |            |      |         |               |      |                        |
| Academic Achievement             |            |      |         |               |      |                        |
| Academic Motivation              |            |      |         |               |      |                        |
| Willingness to follows direction |            |      |         |               |      |                        |
| Responsibility                   |            |      |         |               |      |                        |
| Independence in work habits      |            |      |         |               |      |                        |
| Use of time                      |            |      |         |               |      |                        |
| Relationship with peers          |            |      |         |               |      |                        |
| Relationship with adults         |            |      |         |               |      |                        |
| Leadership qualities             |            |      |         |               |      |                        |
| Emotional stability              |            |      |         |               |      |                        |
| Self-discipline                  |            |      |         |               |      |                        |



To answer the following questions below, please check YES or NO and explain why YES.

1. Does the applicant have any outstanding characteristics? YES  NO

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2. Does the applicant have characteristics that needs special attention? YES  NO

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3. Does the applicant have any outstanding weakness? YES  NO

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4. Does the applicant have any special emotional need to address? YES  NO

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5. Has the applicant been a discipline problem at school? YES  NO

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6. Are there family circumstances that affect the way the applicant behaves in school? YES

NO  \_\_\_\_\_

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7. Is there any special teaching technique that would help this applicant? YES  NO

8. Is there any additional information we need to know to help us work successfully with this child?

YES  NO  \_\_\_\_\_

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Thank you very much for your time filling out our application. Your information is valuable to us.

Please return this form to our Admission/Business office before the finale deadline of

application. I Mr. /Mrs./Brother/Sister \_\_\_\_\_ agreed that

the above information is true.

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

Address \_\_\_\_\_

Phone + (     ) \_\_\_\_\_ + (     ) \_\_\_\_\_