



**Red River Technology Center  
Biomedical Science Academy  
Certified/Highly Qualified Teacher  
Recommendation**



To preserve confidentiality, recommendation should be submitted in a sealed envelope with teacher's signature across seal. Envelope should be clearly labeled with applicant's name. Return to school counselor.

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

In the Biomedical Science Academy one semester is equal to a traditional two semester year. Student success is dependent upon a commitment to working at an accelerated pace in a rigorous curriculum. Your honest and accurate assessment of this student is extremely valuable to the admissions process. Any information you provide will be kept strictly confidential.

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

\_\_\_\_\_

1. Using the scale provided (**5 being the highest**), please indicate your estimation of this applicant in the following areas:

Creativity	5 4 3 2 1	Works well with others	5 4 3 2 1
Problem-solving skills	5 4 3 2 1	Motivation	5 4 3 2 1
Initiative	5 4 3 2 1	Time-management skills	5 4 3 2 1
Works independently	5 4 3 2 1	Honesty and integrity	5 4 3 2 1
Organizational ability	5 4 3 2 1	Communication skills	5 4 3 2 1

2. How strongly do you recommend this student for the Biomedical Science Academy?

.....0.....1.....2.....3.....4.....5.....6.....7.....8.....  
with reservation                  fairly strong                  strongly                  strongest recommendation

3. Rate the applicant's attendance in your class.

1.....3.....5  
Poor                  Average                  Excellent

1=excessive absences-excused and/or unexcused  
3=normally present, absences are for valid reasons  
5=above average attendance, rarely misses and always for valid reasons

4. What qualities/characteristics, if any, does the applicant have that you believe would contribute to their success in the Biomedical program?

\_\_\_\_\_

\_\_\_\_\_

5. What qualities/characteristics, if any, does the applicant have that you believe would interfere with their success in the Biomedical program?

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\_\_\_\_\_

6. Additional comments (If desired, you may attach a letter of recommendation.):

\_\_\_\_\_

\_\_\_\_\_

Name – please print \_\_\_\_\_ Subject \_\_\_\_\_

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