



DELPHI ACADEMY® OF LOS ANGELES

11341 Brainard Avenue, Lake View Terrace, CA 91342
www.DelphiLA.org / Phone: (818) 583-1070

CONFIDENTIAL RECOMMENDATION

Instructions to the Applicant: Please fill in your name below. You should have one form for each teacher. Give each teacher a form, and be sure to have your English and Mathematics teachers receive a form. (NOTE: Kindergarten applicants should give one form to each daycare or pre-school teacher.)

APPLICANT'S NAME: _____

CURRENT SCHOOL: _____

COURSE OF INSTRUCTION: _____

Note to Teacher: The above-named student has chosen you as a reference for admission to Delphi Academy of Los Angeles. The purpose of this recommendation is to assist Delphi with the admission decision. Your candid answers will help us evaluate the appropriateness of our program for the candidate. Please be assured that your recommendation will be kept in the strictest confidence. This information should be completed and returned to our Admissions Office. You can fax to 818-583-1082.

If you are unfamiliar with Delphi Academy of Los Angeles, we suggest that you read the following paragraph before completing this form:

Delphi Academy of Los Angeles is a co-educational private day school. The academic focus is on demonstration of competence rather than memorization of facts or time spent in class. Each student follows a challenging individual course of academic studies, with a mandatory initial course which teaches the student valuable study skills. Rather than assign grades, the school requires that all students demonstrate 100% mastery of the essentials. The individualized nature of the program generally makes it possible for students to enter at any point in the school year.

The school expects that students enroll with the aims of achieving scholastic competence and receiving strong preparation for life and/or further study, and it expects from its students a high level of integrity, purpose, initiative and responsibility.

How long have you known the applicant? _____

What are the first few words that come to your mind to describe this student? _____

To what extent has the student made use of his/her academic potential? _____

What are your impressions of the student's character and values? How is he/she regarded by peers and adults? Comment upon his/her integrity, sense of purpose, respect for others, etc. _____

Are there special or unusual circumstances (positive or negative) which may be relevant to the student's achievement in school? Do the student have weaknesses or issues that we should be aware of? _____

Teacher Recommendation (Page 2)



Student's Name: _____

In relation to other students in your school of the same age, please evaluate this student in the following categories:

	Excellent		Average		Poor	No Basis for Judgement
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude toward learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaction to correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I recommend this student to Delphi Academy:

- Enthusiastically
 Confidently
 With reservations
 I do not recommend
 (If you answered "with reservations" or "I do not recommend" please explain briefly below.)

ADDITIONAL COMMENTS:

Teacher Name _____ School _____

School's address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Signature _____ Date _____

Delphi Academy of Los Angeles – 11341 Brainard Avenue – Lake View Terrace, CA 91342 – 818-583-1070

