



MISSOURI MILITARY ACADEMY

204 N. Grand Street, Mexico, MO 65265 • Ph. 573.581.1776 • Fax 573.581.0081 • info@missourimilitaryacademy.org

Teacher Recommendation Form (Two required. English and math recommended.)

Parents: Please submit this form to your son's current teachers and have them forward it directly to MMA via fax or mail.

Applicant's Full Name: _____ *has made application for admission to Missouri Military Academy. Your candid assessment of his classroom ability will help the Admission's Committee render a decision about a possible acceptance. Your evaluation will be kept in confidence.*

How would you rate this student's reading ability?

- Advanced Regular Remedial Other: (Explain) _____

How would you rate this student's writing ability?

- Advanced Regular Remedial Other: (Explain) _____

Does this applicant have any fundamental weakness or learning difficulties which might impede his learning in your subject area? No Yes: (Explain) _____

How would you rank this applicant among the students you have taught?

- Among the best Above average Average Fair Below average

Below please rate this applicant compared to other students you have taught.

QUALITIES	OUTSTANDING	ABOVE AVERAGE	AVERAGE	FAIR	NEEDS IMPROVEMENT
Work ethic					
Relationships with peers					
Relationships with adults					
Sense of humor					
Leadership skills					
Personal discipline					
Self-confidence					
Honesty					
Sense of responsibility					
Emotional maturity					
Manages time					
Follows directions					
Motivation to learn					
Organizational skills					
Completes homework					
Class participation					
Academic potential					
Academic achievement					

We welcome any additional comments that you may wish to include: _____

Is the applicant a boy that you would be comfortable with as a roommate for your son? Yes No
 If no, please explain. _____

How do you recommend this applicant for admission to Missouri Military Academy?

	ENTHUSIASTICALLY	WITH CONFIDENCE	ACCEPTABLE	DOUBTFULLY	NOT RECOMMENDED
As a student					
As a person					

Teacher's Name: _____ Signature: _____

Subject(s): _____ Daytime Phone: () _____

School's Name: _____

Mailing Address: _____

I have known this student for _____ Years _____ Months Today's Date: _____

Thank you for taking your valuable time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and only disclosed to members of the Admissions Committee or others considered necessary by the Director of Admissions.

Please return this form to:
Office of Admissions
Missouri Military Academy
204 Grand Street
Mexico, MO 65265
USA

Phone 573.581.1776
Fax 573.581.0081