



KCPS Early College Academy
 3201 SW Traffic Way – HU 008A
 Kansas City, MO 64111
 Office: 816-604-4059



ADMINISTRATOR/TEACHER RECOMMENDATION FORM

This student has invited you to recommend him/her for their application for the Early College Academy. The applicant must submit recommendations with their application to ECA. **All documents must be submitted by 4:00 pm on April 1, 2022.**

Applicant’s Name _____ Current School: _____

Evaluator’s Name: _____ Title _____

Email Address: _____ Telephone: _____

How long have you known the student, and in what context?

Please rate the student’s characteristics using the following scale and provide comments to support rating:
 (5 - Outstanding, 4 - Excellent, 3 - Good, 2 - Average, 1 - Below Average or N/A – Unable to Rate)

Study habits	5	4	3	2	1	N/A
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Comments: _____

Organization Skills	5	4	3	2	1	N/A
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Comments: _____

Self-Confidence	5	4	3	2	1	N/A
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Comments: _____

Maturity	5	4	3	2	1	N/A
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Comments: _____

Motivation	5	4	3	2	1	N/A
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Comments: _____

Ability Under Pressure	5	4	3	2	1	N/A
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Comments: _____

Self-Discipline	5	4	3	2	1	N/A
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Comments: _____

Recommendation Statement:

I certify that the information given is accurate to the best of my ability as it relates to this student.

Signature: _____ Date: _____

Thank you for your support of this student!!