



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



**PENN VALLEY - 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 3:00 pm on April 7, 2023.**

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 the rating:**  
 (5 - Outstanding, 4 - Excellent, 3 - Good, 2 - Average, 1 - Below Average or N/A – Unable to Rate)

<b>Study habits</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Organization Skills</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Self-Confidence</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Maturity</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Motivation</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Ability Under Pressure</b>	5	4	3	2	1	N/A
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Comments: \_\_\_\_\_

<b>Self-Discipline</b>	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!!**