

CAMBRIDGE AI CE

Name of Student:
Name of Teacher:
School Presently attending:
School Applying to:

Please complete the following assessment of the student named above as a part of the application process for the Seabreeze High School Cambridge AICE Program. Your evaluation is crucial and is needed to determine this student's ability to be successful in this program. All recommendation forms will remain confidential among the review committee. Please forward this form to **the Cambridge AICE Facilitator @your school**

Please rate the student in the following categories.

Rating scale:

- 6** = Superior, one of the top few encountered in my career
5 = Outstanding, top 5%
4 = Excellent, top 10%
3 = Above average
2 = Average
1 = Below Average

Character Rating 1. _____ Maturity 2. _____ Concern/Respect for Others 3. _____ Personal Conduct 4. _____ Cooperation 5. _____ Leadership	Academic Rating 1. _____ Academic Interests 2. _____ Study Habits 3. _____ Achievement Level 4. _____ Motivation 5. _____ Academic Integrity	Overall Rating _____ Highly Recommend _____ Recommend _____ Do Not Recommend
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Please provide specific comments below relevant to the student's potential success in the Cambridge AICE Program.

Your complete candor with comment area below would be greatly appreciated.

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