

Recommendation Form



The Firespark! Programs

This recommendation is to be completed by a teacher who has observed your skills in your area.

 Student's Name (_____) _____
 Area Code Home Phone Number

 Student's Address City State Zip Code

I understand that this information will be kept in strict confidence. As the applicant, I waive any rights which have been afforded by law to see this recommendation.

 Signature of Student

(To be completed by the teacher/observer):

1. Circle the area(s) in which you give or have given this student instruction.

- Music, Visual Arts, Theatre, Dance, Communication Arts, Business
- Biology, Chemistry, Physics, Anatomy, Healthcare Occupations, Political Science, Social Studies

2. Please evaluate the student in each of the following areas:

	Superior	Above Average	Average	Below Average
Personal Character				
Interest in the Area				
Cooperative Spirit				
Creative Strengths				
Personal Maturity				
Artistic Maturity				

3. Your recommendation is: Very High _____ High _____ With Reservation _____

4. Dance Majors Only:

- a. At what level does the student dance? _____
- b. How many dance classes does the student take per week for each of the following?
 Ballet _____ Pointe _____ Modern _____
- c. If the student currently dances with a civic or regional dance company, please state which one: _____

PLEASE USE THE REVERSE SIDE FOR ANY ADDITIONAL PERSONAL STATEMENTS TO BE MADE ABOUT THE STUDENT.

Teacher's Name and School: _____
 School Address and Phone: _____

Mail directly to: **Firespark!**/Brenau University/500 Washington Street SE/Gainesville, GA 30501
 or Fax (770) 534-6742