

**Autism Program at Ancilla College
Teacher Recommendation Form**

APPLICANT: Complete Part A, then give the form to a teacher of the applicant's choice to complete the remainder of the form. Once the teacher completes the form, it is to be placed in a sealed envelope and mailed to: Ancilla College P.O. Box 1, Donaldson, IN 46513.

Part A: *Student Information*

Applicant Name: _____
(last) (first) (m)

Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: ____ - ____ - _____

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation.
2. You waive your right to access below:
 - Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
 - No, I do *not waive* my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature _____ **Date** _____

Autism Program at Ancilla College Teacher Recommendation Form

TEACHER: Please complete Parts B through E. Once completed, please seal in an envelope and mail to: Ancilla College P.O. Box 1, Donaldson, IN 46513.

Part B: *Teacher Information*

School District: _____

High School: _____

School Address: _____

City: _____ State: _____ Zip: _____

Teacher name: _____ Subject taught: _____

Contact Phone: _____ Email: _____

Part C: *General Information*

How long have you known the student? _____

What classes (/grade) were you the student's teacher?

Through your observations, what are the student's strengths?

Through your observations, what are the student's weaknesses and how has the student addressed them?

Autism Program at Ancilla College Teacher Recommendation Form

Part D: Please rate the student on the following qualities. For any attributes that you have not observed, mark N/A.

Target Skills:	Below Average	Average	Good	Excellent	Outstanding	N/A
Intellectual promise						
Quality of work						
Timeliness of work completion						
Focus						
Self-advocacy						
Respectfulness						
Motivation						
Maturity						
Independence						
Collaborative work						
Problem Solving						

Part E: Evaluation: Please tell us about this student, including academic and personal characteristics, unusual accomplishments, and/or obstacles overcome. (If needed, please attach an additional sheet or another reference you may have prepared on behalf of this student.)