



VALENCIA ACADEMY

CONFIDENTIAL RECOMMENDATION FORM FOR PRE-INTERNATIONAL BACCALAUREATE OR VAL TECH

(To be completed by a core subject teacher and returned to Valencia High school by Thursday, February 14, 2013)
(Core subject courses: Foreign Language, Language Arts, Math, Social Science, and Science)

Applicant's Name: (Last) _____ (First) _____

Applying for: (please check one) Pre-International Baccalaureate _____ Val Tech _____

The above-named candidate is applying for admission to Valencia Academy High School's Pre-International Baccalaureate Program or Val Tech Program. Due to the challenging nature of these programs, a thoughtful response would be greatly appreciated. Upon completion, please return this form to the student or you may mail, fax, or email it directly to the Valencia Academy Counselor.

Please evaluate the above-named student on each of the following attributes:

	No Basis for Judgment	Below Average	Average	Good	Excellent	Outstanding
Academic Ability						
Academic Motivation						
Energy and Initiative						
Originality						
Communication Skills						
Self-Confidence						
Collaborative Working Skills						
Self-directed Learning Skills						
Maturity						
Integrity						

(Please continue on reverse side)

**APPLICATION DUE TO VHS ACADEMY OFFICE (c/o Mr. Stanley)
BY 3:00 p.m., THURSDAY, FEBRUARY 14, 2013**

Mr. Mark Stanley
Valencia Academy Counselor
Valencia High School
500 N. Bradford Avenue
Placentia, CA 92870

mstanley@pylud.org
FAX: 714-996-3159

How long have you known the student? _____

In what subjects have you taught the student? _____

What grade did the student earn in your class? (Current grade is okay.) _____

Please give a brief description about the student's intellectual qualities and academic work.

What would you consider his/her chief strengths and weaknesses?

Please relate any outstanding accomplishments, special or unusual information, or any other information you would deem important in assessing this student.

Please mark the appropriate recommendation below:

_____ Highest Recommendation
_____ Recommended

_____ Strongly Recommended
_____ Not Recommended

Name of person completing recommendation: _____

Signature _____ Relationship to Student _____

School _____ Date _____

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