

# TEACHER RECOMMENDATION FORM CAREERS PROGRAM 2025

Please return this application via e-mail: info@arch-community-outreach.com

www.arch-community-outreach.com

#### **INSTRUCTIONS:**

- Please complete all sections of the application form in English.
- Only completed and signed forms will be processed.

## **PART A: TO BE COMPLETED BY THE APPLICANT:**

## **APPLICANT INFORMATION**

Name (Last Name / First Name	11C).			
Grade / Form:		Age:		
School:		Contact Number:		
Gender: □ Male □ Female	Date of Birth (MM/DD/YY	YY):	HKID No.:	
PART B: TO BE COMPLETED B	SY TEACHER:			
Teacher's Name (Last Name	/ First Name):			
Teacher's Contact Number:				
Teacher's E-mail (Capital Let	ters):			
List the course(s) and respec	tive form(s) you taught the A	applicant (e.g. En	glish, Form 3).	
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## 3. TRANSCRIPT

Please provide one copy of the Applicant's school transcript/report of the past two academic years and most recent mid-year school report. The school transcript/report should indicate courses and grades attained by the Applicant in respective semesters.

## 4. RANKING

Rank in Class:	Rank in Form:		

#### **5. EVALUATION**

a) Please share with us anything you think is important to know about the Applicant and his/her suitability for the Careers Program. This may include family background, personal qualities and academic attributes as demonstrated in class and/or according to your assessment of the Applicant. Feel free to include any additional information that may help set this student apart from others. Please attach your evaluation to this form.

b) Please rate the Applicant in terms of:

	No Basis/ Not Applicable	Below Average	Average	Good (above average)	Very good (Well Above Average)	Excellent (Top 10%)	Outstanding (Top 5%)	Among the top I've seen (Top 1%)
Academic achievement								
Disciplined work habits								
Motivation								
Intellectual curiosity								
Creative, original thought								
Community Involvement								
Participation in class								
Maturity								
Leadership								
Integrity								
Ability to tackle challenges								
Confidence								
Initiative/Independence								
Respect for faculty								
Respect for peers/others								
OVERALL		-						

## 4. DECLARATION

I confirm that the information I have supplied in this application is accurate to the best of my knowledge. I also acknowledge and hereby give my consent that the given information be used and seen by the ARCH Community Outreach's committee members, industry partners, and other reviewers to further the Careers Program and other ARCH Community Outreach offerings.

Teacher's Signature	
Name (IN PRINT)	
 Date	