

**Confidential**

# Kickapoo U

## TEACHER RECOMMENDATION FORM

Kickapoo High School  
3710 S. Jefferson Avenue, Springfield, MO 65810  
417-523-8500



**STUDENTS:** Complete the information in this box before giving this form to your teacher.

Student: \_\_\_\_\_ I.D. Number \_\_\_\_\_ Middle School: \_\_\_\_\_

Teacher Name (print): \_\_\_\_\_ Course taught \_\_\_\_\_

**TO THE TEACHER:** The above student is applying for Kickapoo U which promotes career and college readiness. Student must have established a strong scholastic background. Due to confidentiality, do not return this to the student/parent. Please return this form to Melissa Sharpsteen at the above address. This form may be faxed to 417-523-8595, Attn: Melissa Sharpsteen, or sent through school mail to [msharpsteen@spsmail.org](mailto:msharpsteen@spsmail.org). This form can also be completed via a google form at [WWW.KICKAPOOCHIEFS.ORG](http://WWW.KICKAPOOCHIEFS.ORG) under [About / Kickapoo University / Application Materials](#).

How long have you known the above student? \_\_\_\_\_

What grade (if applicable) did the student receive in your class? \_\_\_\_\_

**Rate the student on the following scales, with 1 being the lowest and 5 being the highest:**

Responsibility	1	2	3	4	5
Initiative	1	2	3	4	5
Cooperative	1	2	3	4	5
Leadership	1	2	3	4	5

**Complete the following statement by checking the appropriate box:**

**In considering this student for Kickapoo U, I would:**

Highly Recommend  Recommend  Recommend with Reservation  Not Recommend

**Please use the space below for additional comments:**

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**THIS RECOMMENDATION IS CONFIDENTIAL**

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date