

Teacher Recommendation Form Request for HCPS Specialty Programs

SECTION A: TO BE COMPLETED BY THE APPLICANT AND PARENT/GUARDIAN

Applicant's Name: _____ Current Grade: _____

Current School (circle one): CMS LMS OKMS SJMS

Each student applying to enter the applicant pool for ACA and Health Sciences Center must have one counselor and one current core content area (math, language arts, social studies or science) teacher complete the online Recommendation Form.

Dear _____,
Teacher/Counselor Name

I am applying for the following specialty programs for the 2019-20 school year (Check all that Apply)

_____ ACA _____ Health Sciences Specialty Center

I am requesting that you go to ([Teacher Recommendation Online](#)) to complete a recommendation on my behalf **by February 3, 2020.** (or refer to link sent to you by the school counselor)

Thank you,

Applicant Signature

<u>Applicant's and Parent/Guardian's Waiver of Right to Access Confidential Information</u>			
_____ We voluntarily <u>waive right of access</u> to information contained in the recommendation form.			
_____ We <u>do not waive right of access.</u> (No access is available before the completion of the application process.)			
_____	_____	_____	_____
Applicant Signature	Date	Parent/Guardian Signature	Date

SECTION B - TO BE COMPLETED BY THE TEACHER/COUNSELOR COMPLETING RECOMMENDATION FORM.

Directions for Person Completing the Form: The form is to be filled out by a content area teacher or counselor as described above. **Once the online recommendation is complete, this request form should be returned to the 8th grade counselor no later than February 3.**

I certify that I have completed the online recommendation form requested by the applicant named above.

Printed Name of Teacher/Counselor

Signature of Teacher/Counselor

Date

Counselors-Please return to the Director of Accreditation and Accountability by February 4.