Please complete Part I of this form. Then ask the current teacher in the academic area being considered to complete Part II and return it directly to Queen's Grant HS.

Mail to: QGHS Admissions 10323 Idlewild Rd, Matthews NC 28105, or Fax to: 704-545-0738

Part I. To be completed by s	tudent				
Student's Name: Current School:					
Honors courses for which the	student wants	to be considere	ed:		
Honors English	Hond	ors History	Но	nors Science	
	_	,		_	
Part II. To be completed by t	eacher				
The above student is interest	ed in taking hon	ors courses at	Queen's Grant I	High School. P	lease evaluate
their readiness for this level of	of work.				
a) I am completing the reco	ommendation ha	ased on the stu	dent's nerform	ance in the foll	owing course?
(choose one):	mineria action be	ased on the sta	aciic s perioriii	ance in the foil	owing course.
	nguaga Arta/Ens	lich Taachar (C	rada lavalı	,	
	nguage Arts/Eng				,
	ience Teacher (C				
So	cial Science Tead	cher (Course na	ame:)
b) Student's current grade	in your class:				
Evaluation:					
Category	Top 5%	Above	Average	Below	No basis for
,		Average		Average	Judgment
Academic Achievement					
Intellectual Promise					
Creative, Original Thought					
Productive Class Discussion					
Motivation/ Self-Discipline					
Maturity					
Quality of Writing					
Self Confidence					
Ability to work with others					
Leadership					
Integrity					
Respect for Classmates					
Respect for Faculty					
Overall					
Comments:					
Please Check One:	_ Recommend	Do Not Recommend			
Teacher Signature:				Date:	
Teacher Name (Print):			Email: _		