



Queen's Grant High School  
 Recommendation Form for Honors Courses

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 student**

Student's Name: \_\_\_\_\_ Current School: \_\_\_\_\_

Honors courses for which the student wants to be considered:

Honors English \_\_\_\_\_ Honors History \_\_\_\_\_ Honors Science \_\_\_\_\_ Honors Math \_\_\_\_\_

**Part II. To be completed by teacher**

The above student is interested in taking honors courses at Queen's Grant High School. Please evaluate their readiness for this level of work.

a) I am completing the recommendation based on the student's performance in the following course?  
 (choose one):

- \_\_\_\_\_ Language Arts/English Teacher (Grade level: \_\_\_\_\_)
- \_\_\_\_\_ Science Teacher (Course name: \_\_\_\_\_)
- \_\_\_\_\_ Social Science Teacher (Course name: \_\_\_\_\_)
- \_\_\_\_\_ Math Teacher (Course name: \_\_\_\_\_)

b) Student's current grade in your class: \_\_\_\_\_

Evaluation:

Category	Top 5%	Above Average	Average	Below Average	No basis for 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: \_\_\_\_\_