



# ACC STARTALK Student Program, 2014

## Teacher Recommendation

Please complete and return this form by mail, fax, or email to the address below by April 11, 2014. Thank you.

Associated Colleges in China  
Hamilton College  
198 College Hill Road  
Clinton, NY 13323  
Fax: (315)859-4222  
accfsk12@hamilton.edu

**This student has applied to the ACC Youth Language Camp Program. Your candid appraisal is appreciated.**

1. How long and in what capacity have you known the applicant?
2. Please evaluate the applicant's Chinese language proficiency in comparison to other students at the same level.
3. What is your overall estimation of the applicant's academic strengths and weaknesses, maturity, self-motivation and self-discipline?
4. Please use the chart below to evaluate the student in the following areas:

	Poor (lowest 20%)	Average	Above Average	Outstanding (top 10%)
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Email/Phone: \_\_\_\_\_ Date: \_\_\_\_\_