

Teacher Signature

fairview middle schooi **IB Preparatory Magnet Program**

Application for the 2025-2026 school year



Date

Teacher Reference Form

To be completed by a core academic teacher _____. Teacher Name: _____ Student Name: School/Subject: Length of time you have known the student: The student is applying for the IB Prep Magnet Program at Fairview Middle School. This is a program for exceptionally motived and academically talented students. This evaluation will remain confidential as part of the students application packet and must be received by Fairview Middle School on or before March 1, 2025. Forms can be turned in by email (thompsonc1@leonschools.net, subject area should be the students name), sent via inter office mail (if sent this way it should be put in an envelop and addressed to the attention of Cameron Thompson OR mailed to: Fairview Middle School Additional documentation required must be submitted to Fairview Attn: Cameron Thompson, IB Prep Coordinator Middle School on or before March 1,2025 3415 Zillah St. Tallahassee, FL 32305 Please rank the student in the areas listed below on a scale of below average to the top few. Please circle/check your ranking **ACADEMICS** High Below average Low Average The top few The Student is highly motivated to achieve. The student possesses the ability to think critically. The student demonstrates academic self-discipline and motivation. The student is conscientious and diligent in terms of academic assignments **CITIZENSHIP** The student shows above average emotional maturity. The student shows respect for staff members. The student shows respect for peers. The student shows a great deal of self-confidence. The student responds well to setbacks and adversity. The student demonstrates warmth of personality. Comments:

Contact email or phone number