THE LAW & PUBLIC SAFETY
EDUCATION NETWORK
NATIONAL ACADEMIES

NATIONAL STUDENT ACADEMIES

Teacher Recommendation and Student Endorsement

Dear Educator,

The student identified below is applying for selection to a National Student Academy.

These academies bring together motivated high school students from across the country for an intensive educational experience focused on career exploration, professional development, leadership, and public safety.

The academies are operated by **Southern Educational Resources (SER)** in collaboration with the **Law and Public Safety Education Network (LAPSEN)** and other educational and professional partners.

Your recommendation helps us identify students who demonstrate the motivation, maturity, and professionalism necessary to benefit from this opportunity.

Please complete the following assessment based on your experience with this student.

Student Information

Student's Full Name: _____

Academy Applying For: _____

School Name: _____

Teacher Assessment

Based on my knowledge of this student, I believe the student:

- Demonstrates appropriate character, maturity, and responsible behavior.
- Shows genuine interest in the career field and a willingness to learn.
- Can be expected to participate responsibly in a structured educational program.
- Demonstrates respect for teachers, peers, and others.

Overall Recommendation

Please select one:

- ☐ **Strongly Recommend** — I believe this student would be an excellent representative of our school and would benefit greatly from this experience.
- ☐ **Recommend** — I believe this student is well suited for participation in the academy.
- ☐ **Recommend with Reservations** — I believe this student could benefit from the academy, but there are considerations that SER should be aware of.
- ☐ **Do Not Recommend** — I do not believe this student is currently prepared for the responsibilities of the academy.

Additional Comments (Optional)

Please share any information that would help us evaluate this student's readiness, motivation, or potential for success.

_____

_____

_____

Educator Information

Educator's Name: _____

Position/Title: _____

School: _____

Teacher Verification

I certify that the information provided reflects my professional knowledge and information available to me in my official capacity. I understand that this information will be used by SER for academy admissions review.

Teacher Signature: _____

Date: _____