



TEACHER RECOMMENDATION FORM

Student Name: _____ Date: _____

Evaluator's Name: (Print Name): _____

Signature of Evaluator: _____

Relation to Student: _____ How long have you known the student? _____

Personal Recommendation (Check One)

- ____ One of the top students I have encountered
- ____ One of the top students I have encountered this school year
- ____ I would recommend highly
- ____ I would recommend confidently
- ____ I would NOT recommend

*I am willing to elaborate further via phone:
 (____) - ____ - ____
 Between the hours of ____ & ____ am/pm

Utilize the following scale to complete the Character and Academic Readiness Evaluation.

(1) Outstanding (2) Good (3) Average (4) Needs Improvement (5) Unsatisfactory

Character Evaluation

- Behavior _____
- Concern for others _____
- Self confidence _____
- Leadership Potential _____
- Response to adversity _____
- Ability to accept correction _____
- Relationship w/ peers _____
- Relationship w/ adults _____

Academic Readiness

- Ability to work independently _____
- Ability to work in a group _____
- Ability to follow instructions _____
- Ability to express ideas orally _____
- Creativity _____
- Intellectual curiosity _____
- Organization of binder/ locker _____
- Self-motivation _____

*Please Check the best answer

Emotional Stability

- Exceptionally Stable _____
- Usually Well Balanced _____
- Unresponsive _____
- Apathetic _____

Achievement related to potential

- Accurate _____
- Overachiever _____
- Underachiever _____

Parental Involvement

- Very Involved _____
- Supportive _____
- Minimal _____
- Absent _____

Additional Information

*Please list three words that best describe this student:

- 1. _____
- 2. _____
- 3. _____

*List areas need of growth:

- 1. _____
- 2. _____
- 3. _____

If there are any additional comments you would like to add in regards to this student, please feel free to attach a written letter of recommendation to accompany the completed recommendation form.



ADDITIONAL RECOMMENDATION FORM

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