

## TEACHER RECOMMENDATION FORM

**Student Name:**

Last \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_

Gender \_\_\_\_\_



School: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA/Average Scores: \_\_\_\_\_

Teacher \_\_\_\_\_

Principal Approval (Initials) \_\_\_\_\_

Please evaluate the student listed above by completing the following information:

**Ranking Scale:**

- 5 = Exceptionally High
- 4 = Above Average
- 3 = Average
- 2 = Below Average

**Ability and Personality Traits**

	5	4	3	2
Personal Integrity				
Social and Emotional Wellness				
Ability to Work with Peers				
Ability to Work with Teachers				
Leadership Qualities (Diligence, Patience, Attentiveness, Initiative, Etc.)				
Oral Communication Skills				
Writing Skills				
Creativity				

Indicate strength of your overall endorsement by checking the appropriate box:

- Highly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

Please write additional comments that will aid in assessing the student's qualifications:

  
  
  
  

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_ E-mail: \_\_\_\_\_