

## TEACHER RECOMMENDATION FORM

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

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

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

**Ranking Scale:**

5 = Exceptionally High

4 = Above Average

3 = Average

2 = Below Average

<b>Ability and Personality Traits</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>
Personal Integrity				
Social and Emotional				
Ability to Work with Peers				
Ability to Work with Teachers				
Leadership Qualities				
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

Has the student had any disciplinary action taken against him/her by the school?

YES     NO

If yes, please describe briefly the reasons for the disciplinary action.

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

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_

Course Area \_\_\_\_\_