

TEACHER'S RECOMMENDATION FORM

Name of Student: _____

Your Name: _____

Your Job Title: _____

Your School: _____

School Phone Number: _____

School Address: _____

How long have you known this student? _____

The subject you are teaching: _____

What are the Applicant's strengths?

Are there specific areas where the Applicant needs to grow and develop?

Please describe Applicant's work habits:



Please describe Applicant's ability to complete work within a set time:

Please comment on the Applicant's contribution to classroom activities:

Please describe Applicant's ability to interact with peers:

Please comment on the Applicant's character, ethics, and contributions to the community:

Would you be willing to talk further with someone in the Admissions Office?

Yes

No

Signature_____

Date_____

