



**TEACHER’S RECOMMENDATION FORM FOR APPLICANTS TO GRADES 6 – 12**

PLEASE PRINT

The items below ask for your observation of this student’s emotional/social growth and intellectual development. All information provided will be kept confidential.

The parent has waived their right to a copy of this form.

**Applicant’s Name:** \_\_\_\_\_ **Applicant To Grade:** \_\_\_\_\_

**Teacher’s Name (print):** \_\_\_\_\_

**How long have you known this applicant?:** \_\_\_\_\_

**Subject taught:** \_\_\_\_\_

Level of Course:    Honors Level     Grade level     Other \_\_\_\_\_

	Excellent	Above Average	Average	Below Average
Academic Potential				
Academic Achievement				
Effort/Self-Motivation				
Study Habits				
Intellectual Curiosity				
Participation in Discussion				
Ability to Write				
Ability to Express Ideas Orally				
Follows Directions				
Uses Suggestions or Corrections				
Seeks Help When Needed				
Attention Span				
Creativity and Original Thinking				
Listening Skills				

How would you assess the applicant’s achievement level compared to students you have taught over the year?

Exceptional     Above Average     Average     Below Average

