



TEACHER RECOMMENDATION

Student's Full Name _____ Grade _____

Date _____ Teacher's Name _____

Name of School _____

School Address _____

Teacher's Signature _____

(Must be filled out and signed by a current teacher)

Please indicate your ratings by circling the appropriate answer. Use a question mark where you have insufficient information. All comments are confidential.

Characteristic	Rating				
Academic Performance	Exceptional	Above Average	Average	Below Average	Poor
Academic Ability	Exceptional	Above Average	Average	Below Average	Poor
Motivation	Exceptional	Above Average	Average	Below Average	Poor
Emotional Stability	Exceptional	Above Average	Average	Below Average	Poor
Physical Condition	Exceptional	Above Average	Average	Below Average	Poor
Respect for Authority	Exceptional	Above Average	Average	Below Average	Poor
Accepts Responsibility For Behavior	Exceptional	Above Average	Average	Below Average	Poor