



## TEACHER RECOMMENDATION FORM

STUDENT NAME: \_\_\_\_\_

TEACHER NAME: \_\_\_\_\_

LENGTH OF TIME YOU HAVE KNOWN STUDENT: MONTH(S): \_\_\_\_\_ YEAR(S): \_\_\_\_\_

SUBJECTS TAUGHT: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

### Evaluation of student's performance according to the scale below:

- 0) No opportunity to assess
- 1) Working toward
- 2) Expected level
- 3) Working beyond
- 4) Outstanding

Area of Evaluation	Ranking
Follows classroom directions	
Works independently	
Maintains focus	
Completes assignments in a timely manner	
Demonstrates self-confidence	
Attentive in group lessons	
Recalls concepts	
Recovers from disappointment	
Responds positively to requests	
Works cooperatively	
Is self-motivated	
Manages work time	
Works for own enjoyment	
Relates well with peers	
Maintains neatness and order	
Parent support and communication	

Please use the space below to address how well you know the student and in what capacity. Also, please explain further why you gave the student a 1 or a 4 in any area described above. If necessary, please continue on additional sheets:

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