

# Teacher Recommendation

1539 East Howard Street  
Pasadena CA. 91104  
Tel: (626)398-2388  
Fax:(626)398-2454



## TO THE APPLICANT:

Applicant's Name: \_\_\_\_\_ Applying to Grade: \_\_\_\_\_

**Instructions:** Please give this form to the appropriate teacher at your current school. Provide the teacher with stamped envelopes addressed to the schools to which you are applying.

## TO THE TEACHER:

Person Completing Form: \_\_\_\_\_ Subject: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Instructions:** The school receiving this form may, at the family's request, send it to the admission office Excelsior School. Recognizing that completing this form is not part of your official duties, the schools greatly appreciate your helping the applicant by supplying the information requested. *The information submitted will be considered **confidential** and will not become part of the student's school records.*

How long have you known the applicant?

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What are the first few words that come to mind to describe the applicant?

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## ACADEMIC/PERSONAL QUALITIES

In relation to other students you have taught at this grade level, how would you rate this student in terms of:

No basis		Outstanding	Above average	Average	Below average	comments
	Study Habits					
	Academic Skills					
	Motivation					
	Intellectual Curiosity					
	Ability to Work Independently					
	Creative Problem Solving					
	Critical/Abstract Thinking Skills					
	Ability to Work Cooperatively					

	Leadership					
	Peer Relationships					
	Sense of Humor					
	Creativity					
	Reaction to Criticism					
	Concern for Others					
	Self Confidence					
	Integrity					
	Involvement in Activities Beyond Classroom					
	Ability to Organize & Communicate Ideas					
	Taking Responsibility for Own Actions					
	Parental Involvement and Cooperation					

### ADDITIONAL INFORMATION

Please comment upon the applicant's strengths as a student.

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Please comment upon the applicant's weaknesses as a student.

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Please comment on your observations relative to this applicant's learning style.

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Please mention any additional information which you think might help our school make an informed decision.

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If the school needs clarification, may we contact you by phone?  Yes  No Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_