## Teacher Recommendation

41 W. Santa Clara Street Arcadia, CA. 91007 Tel: (626)623-6339 Fax: (626)623-6293



## TO THE APPLICANT:

Applicant's Name:	ant's Name:Applying to Grade:					
<b>Instructions:</b> Please give this tenvelopes addressed to the school			chool. Provide the	teacher with stamped		
TO THE TEACHER:	:					
Person Completing Form:		Sı	ıbject:	Grade Level:	_	
School: Mailing Address:					_	
City:	State:	Zip:	Phone: (	)	_	
Recognizing that completing applicant by supplying the infibecome part of the student's so How long have you known the	formation requested. <i>Th</i> school records.					
What are the first few words	that come to mind to de	escribe the applicant?			-	
					_	
					_	

## **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				
Please com	nment upon the applicant's weaknes	sses as a student.			
Please com	nment on your observations relative	e to this applicant's	learning style.		
Please mer	ntion any additional information wh	nich you think migh	t help our school	ol make an int	formed decision.
If the school	ol needs clarification, may we conta	act you by phone or	by email?		
☐ Yes ☐	No Phone Number:				
	No Email:				

Signature:\_\_\_\_\_Date: \_\_\_