



TEACHER RECOMMENDATION FORM

Student's First Name: _____ Student's Last Name: _____

What is your impression of the student's personality?

	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Mature					Positive				
Active					Open-minded				
Cooperative					Considerate				
Flexibility					Thoughtful				
Willingness to learn					Sense of humour				

What is your impression of the student's social skills and school participation?

	Excellent	Good	Fair	Poor
Ability to interact well with teachers				
Ability to interact well with peers				
Class participation				
Motivation in group activities				
Motivation in individual schoolwork				

Please identify any challenges this student may have (academically, or otherwise) that may require additional attention:

What are the student's distinguishing characteristics?

What talents, interests, and skills does this student have to contribute to others?

Relationship to student:

I have been a teacher of this student for _____ year(s).

I teach/taught this student the following subject(s): _____

Teacher Signature: _____

Teacher Name (Please Print): _____

Date: _____

School Stamp: