

Teacher Recommendation Form



Student Name: _____ Grade: _____ School Year: _____

Teacher: _____

Students please give this recommendation form to 2 teachers; one teacher must be from the area of interest or field that you are applying to intern in.

Teachers please turn the recommendation form into April Rewerts rather than return the form to the student.

Classroom Characteristics:

Social Skills	Seldom	Sometimes	Often	Consistently
Exhibits Independence				
Demonstrates Leadership initiative				
Follows positive influences				
Respects classroom rules				
Responds positively to suggestions/requests				
Exhibits self-control				
Contributes in a group setting				
Expresses ideas appropriately				
Respects rights, opinions, & property of others				
Assumes responsibility of own actions				
Exhibits self-confidence				
Honesty/Integrity				

Work Habits	Seldom	Sometimes	Often	Consistently
Makes good use of time				
Stays focused in a large group setting				
Works cooperatively in a group setting				
Works well independently				
Completes tasks on time				
Follows oral instructions				
Follows written instructions				
Organizes self and materials				
Takes pride in appearance of work				
Assumes responsibility for homework				
Demonstrates consistency in performance				
Dependability				

Approach to Learning	Seldom	Sometimes	Often	Consistently
Demonstrates persistence in learning				
Takes pride in accomplishments				
Enjoys new activities				
Challenges self				
Seeks out help when needed				
Notices details				
Exhibits problem-solving abilities				
Demonstrates creativity				
Takes risks				
Shows initiative				
Is curious and eager to learn				
Puts best effort into work				
Self-motivated				

How long have you known this student and in what context?

How does the student's overall performance in school relate to his/her ability?

In your opinion, what is the student's potential for academic/intellectual growth?

In your opinion, what is the student's motivation to pursue a challenging career?

Teacher's Signature:

Date:

May we contact you with questions? If so, please list a contact phone number: