

Teacher Recommendation

Student Name: _____ Date: _____
 First Last

School: _____ School Phone: _____

Teacher Name: _____

Subject(s) taught to student: _____

Directions: Please rank the student's abilities in the areas listed below. Write the number in the space provided, and make any additional comments in the space provided.

1= Excellent 2=Above Average 3=Average 4=Below Average 5=Poor

1. Ability to read English and analyze information: _____
 Comment(s): _____

2. General intellectual ability: _____
 Comment(s): _____

3. Timeliness of work completion: _____
 Comment(s): _____

4. Behavior: _____
 Comment(s): _____

5. Attendance: _____
 Comment(s): _____

6. Demonstration of positive social behavior: _____
 Comment(s): _____

ACCESS score (if available): _____

Teacher Signature: _____ Date: _____

Teacher Contact Information: _____