



TEACHER RECOMMENDATION FORM

FORM APP0910-TR

We are a Christ-Centered Learning Community

STUDENT INFORMATION

Student Name:		Grade:	
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TEACHER OBSERVATIONS

Evaluate this student based on observed situations by circling the appropriate number

1= Rarely 2= Seldom 3= Sometimes 4= Usually 5= Consistently UTJ= Unable to Judge

Appears to be industrious	1	2	3	4	5	UTJ
Exhibits good study habits	1	2	3	4	5	UTJ
Is cooperative with instructors	1	2	3	4	5	UTJ
Exhibits positive leadership qualities	1	2	3	4	5	UTJ
Appears to be socially accepted by peers	1	2	3	4	5	UTJ
Behavior patterns are constructive and positive	1	2	3	4	5	UTJ

TEACHER FEEDBACK

Has the student encountered any attendance or discipline problems in your class? Explain.

Any additional comments that may be helpful in understanding this student?

SIGNATURE

Name:		School:		Position:	
Signed:		Date:			

This evaluation may be shared with the student and/or family unless you specifically request that it be kept confidential. Please return to the student/parent requesting the recommendation or mail to the address below attention Registrar's Office.