

TEACHER RECOMMENDATION FORM

Student Name:	Grade Level:
Teacher Name:	Telephone Number:

Please rate the performance of the above-named student using the scale provided. For responses rated a 1 or 2, please provide comments.

Activity Needs		Ε	xcellent	Comments		
	Improvement					
Attends school on a regular	1	2	3	4	5	
basis						
Is student tardy to school	1	2	3	4	5	
Completes class assignments	1	2	3	4	5	
on time						
Displays school pride	1	2	3	4	5	
Respects and honors school		2	3	4	5	
environment						
Shows positive attitude in		2	3	4	5	
class						
Gets along well with others	1	2	3	4	5	
Demonstrates eagerness and	1	2	3	4	5	
capacity to learn						
Engages in school activities	1	2	3	4	5	
Shows ability to make and		2	3	4	5	
keep commitments						
Receptive to new ideas		2	3	4	5	
Accepts responsibility		2	3	4	5	
Demonstrates initiative	1	2	3	4	5	

Is the student gifted and if so	please advise what accommodations	are being given to the student?
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Does the student have an accommodations?	IEP and if so for what subjects	? What resources are needed? And what
In what other areas could comments:	the student use help from a me	entor? Check all that apply and add your
 Time management Leadership skills Other, please comment: 	 Organizational skills Communication skills 	 Interpersonal skills Job-related skills
What do you see as the stu	udent's area(s) of strength?	

Signature of Teacher

Date

Please sign and mail or email this form to:

Admissions Department CMCH School, 5180 Roswell Road, North Building Atlanta, GA 30342 (404) 843-0118 cmchatlanta.org