



College Success Academy

Teacher Recommendation Form

Please make a copy of this form for your records

For Office Use Only:
Received: _____ Entered: _____
Date Date

Due: January 3, 2020

STUDENT NAME: _____

STUDENT INFORMATION

SCHOOL: _____ TEACHER NAME: _____ GRADE: _____ CLASS TYPE: AWC REG SEI (Please circle one)

DOES THIS STUDENT HAVE A 504 PLAN? YES NO DO NOT KNOW AREA: _____

IF YES, WHAT ACCOMMODATIONS DOES THE STUDENT REQUIRE? (Please Comment)

IS THIS STUDENT ON AN IEP? YES NO DO NOT KNOW AREA(S): _____

IF YES, WHAT ACCOMMODATIONS DOES THE STUDENT REQUIRE? (Please Comment)

ACADEMIC EVALUATION

RATE THIS STUDENT'S ABILITY IN THE FOLLOWING ACADEMIC AREAS:

1 or more years above	Slightly above	On Grade Level	Slightly below	1 or more years below
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MATH (Please check one)

Please Comment:

READING (Please check one)

Please Comment:

WRITING (Please check one)

Please Comment:

CLASSROOM HABITS AND BEHAVIOR

FOR EACH STATEMENT BELOW, PLEASE CHECK <u>ONE</u> RESPONSE THAT BEST DESCRIBES THIS STUDENT.	Always	Frequently	Sometimes	Rarely	Never
Gives his/her best effort in class:					
Contributes positively by sharing his/her thoughts and ideas in class:					
Feels comfortable asking questions in class or privately when he/she does not understand:					
Excels while working individually:					
Completes homework:					
Is focused and stays on task:					
Excels while working in a group:					
Cooperates with and is respectful of peers:					
Listens to and respects teachers:					
Responds positively to adult redirection:					
Enjoys trying/learning new things, even if it means going outside of his/her comfort zone:					

ADDITIONAL COMMENTS

Why do you think this student is a good fit for College Success Academy?

What contact have you had with this student's parent(s)/guardian(s)? To what extent are they involved in their child's education?

Number of Days of School Missed: _____ Number of Tardies: _____

DO YOU RECOMMEND THIS STUDENT? STRONGLY YES WITH RESERVATIONS NO |

X _____

SIGNATURE

DATE