

Teacher Recommendation Form

Students, please add your name and then share this form with your teacher

Name:	Birthdate:			
Dear Member of the SCLS Faculty,				
which students are best suited to succ	acter, initiative, and academic preparedness helps us determine eed in our program (and how to best help them succeed). Please avis Coverdell. Thank you for your time and effort.			
Teacher Name:	Title:			
Subject(s) you teach:				
Email:				
How long have you known this applica	nt, and in what capacity(ies)?			

	Unable to	Not Strong				Very Strong
Characteristic	Judge	1	2	3	4	5
Integrity						
Intellectual Curiosity						
Initiative						
Academic Writing						
Spoken English						
Reaction to Setbacks						
Openmindedness						

Would you like to elaborate on any of your ratings?