

# District 205 Summer Stem Workshops



## Teacher Recommendation Form

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please evaluate the student listed above by completing the following information:

**Ranking Scale:**

- 5 = Exceptionally High
- 4 = Above Average
- 3 = Average
- 2 = Below Average

**Ability and Personality Traits**

|                               | 5 | 4 | 3 | 2 |
|-------------------------------|---|---|---|---|
| Personal Integrity            |   |   |   |   |
| Social and Emotional          |   |   |   |   |
| Ability to Work with Peers    |   |   |   |   |
| Ability to Work with Teachers |   |   |   |   |
| Leadership Qualities          |   |   |   |   |
| Oral Communication Skills     |   |   |   |   |
| Writing Skills                |   |   |   |   |
| Creativity                    |   |   |   |   |

**Indicate strength of your overall endorsement by checking the appropriate box:**

- Highly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

Please write additional comments that will aid in assessing the student's qualifications:

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**Print Teacher's Name** \_\_\_\_\_

**Signature of Teacher** \_\_\_\_\_

**Date** \_\_\_\_\_