



Teacher Recommendation Form

Student's Name _____

Current School _____

Current Grade _____

Please use the following scale to rate the student:

- 1 Being exceptional in this area
- 2 Being average in this area
- 3 Needing improvement in this area

Classroom conduct	_____	Self-discipline	_____
Relationship with peers	_____	Effort	_____
Organization	_____	Absences/Tardies	_____
Academic Performance	_____		

Has the student received any special educational services or accommodations?

Yes _____ No _____

If yes, please describe. (Include dates)

Should we have further questions that may be beneficial in determining the best placement for this student, please list the best form of contacting you.

Ph. No. _____ Email Address: _____

General Comments:

Teacher's Name _____ Signature _____
(Printed)

PLEASE DO NOT GIVE THIS FORM TO THE STUDENT. Please fax to 916-442-1390 or mail directly to our school, Attn: Mr. Hrga

Thank you!