

# CLEVELAND METROPOLITAN SCHOOL DISTRICT

## Teacher Recommendation

Please submit (2) two

Applicant's name \_\_\_\_\_ Present grade \_\_\_\_\_  
(Please print) First Middle Last

Name of school \_\_\_\_\_ District \_\_\_\_\_

Applying for admission to grade \_\_\_\_\_ in 20\_\_\_\_\_.

To be guaranteed consideration, the complete application, including this form, must be returned to Garrett Morgan Cleveland School of Science Academy by: **March 19, 2010**

### To the Teacher:

The student named above is applying to GARRETT MORGAN CLEVELAND SCHOOL OF SCIENCE ACADEMY and is requesting that you complete this recommendation form. We are interested in your knowledge of the applicant's academic performance, and personal qualities. If you would prefer to write a letter of recommendation for this student, rather than using the form, please feel free to do so. The completed form, or a letter attached to the form should be returned directly to Garrett Morgan Cleveland School of Science Academy by the date indicated above. We are aware of how much time forms of this sort require, and we sincerely thank you for the help your judgments will provide. Your statement will become a part of our confidential admissions file, to be used by those involved in our admission decision process. At no time will the applicant have access to it.

1. In what course do you teach the applicant? (Please specify if this is an honors course)

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2. What is the applicant's grade in your course? \_\_\_\_\_

3. Comment on the applicant's strengths and weaknesses.

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4. Comment on the applicant's:

- |  |                                      |                               |                               |                               |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Study habits                        | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| b. Willingness to work                 | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| c. General behavior                    | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| d. Relationship with peers and faculty | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| e. Personality and character           | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

5. Please describe the applicant's:

Personal strengths  Outstanding  Good  Fair  Poor

Academic strengths  Outstanding  Good  Fair  Poor

Signed \_\_\_\_\_

Name \_\_\_\_\_

Length of time acquainted with applicant \_\_\_\_\_ Years of teaching experience \_\_\_\_\_

Name of school \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_

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Name \_\_\_\_\_

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Name of school \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_