

Recommendation Form
TEACHER RECOMMENDATION
To be completed by 2 teachers

Teacher's Name _____

Subject Taught: _____

III. Academic Potential

Please assess the student's qualities to function effectively in an intensive language program.

	Poor 1	Below Average 2	Fair 3	Good 4	Excellent 5
Interpersonal Relations & Communication					
Cross-Cultural Understanding					
Emotional Maturity					
Ability to Take Initiative					
Academic/Intellectual Potential					
Classroom Participation/Study Habits					

Comments: _____

IV. Language Ability (to be filled out if you are a language instructor).

1. What textbook(s) have you used with the applicant? _____

2. How many contact hours per week have you had with the applicant? _____
3. How does the applicant compare with other language students at the same level?

	Poor 1	Below Average 2	Fair 3	Good 4	Excellent 5
Written Comprehension					
Oral Comprehension					
Speaking					
Writing					

4. Please comment on the applicant's language ability and performance in class.

Under the Family Educational Rights and Privacy Act of 1974, students have access to their education records, including letters of recommendation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence.

Please sign below if you wish to waive your right to examine this letter of recommendation.

Signature _____ Date _____