

Greenwood District 50 Magnet Program - Teacher Recommendation Form

Student Must Complete This Section

Program Applying For: _____ Grade _____

Student's Full Name: _____ School: _____

Teacher Name: _____ School: _____

How long have you known this student, and in what capacity? _____

I. Please rank the applicant on the following criterion.

Criterion	1 Low	2	3	4	5 High	Comments:
Completes and turns in work punctually						
Uses critical thinking skills						
Produces quality work						
Shows motivation/effort						
Communication Skills – Oral						
Communication Skills – Written						
Has positive attitude						
Shows appropriate behavior						
Participates in class						
Willing to accept support						
Ability to work with other students						
Work ethic						

II. Please give your insights about this student's ability to do well in a rigorous academic program. Please share any other comments about this student and/or your thoughts on their success in their selected Magnet Program.

Teacher's signature: _____ Date: _____

PLEASE RETURN TO GREENWOOD HIGH SCHOOL (MRS. HAMM)
BY FEBRUARY 25, 2020. CAN BE SENT VIA SCHOOL MAIL
CURRIER, MAKE IT "ATTN: GREENWOOD FINE ARTS ACADEMY".