



855 Brotherton Road • Escondido • CA • 92025 • Office: 760-294-4490 • Fax: 760-294-4209 • www.balboaschool.com

TEACHER RECOMMENDATION FORM

The student below has applied to our program. In order to gain as much information about this student as possible, we are asking that his/her classroom teacher fill out the information below.

Student's Name _____

Please check in the appropriate column the factors for which you have adequate information for appraisal.

| | GOOD | FAIR | POOR |
|--|------|------|------|
| 1. Ability to follow instructions | | | |
| 2. Social skills (gets along well/respect for others) | | | |
| 3. Demonstrates dependability | | | |
| 4. Self-motivated | | | |
| 5. Demonstrates responsibility (directs energies toward tasks) | | | |
| 6. Demonstrates enthusiasm in performing assigned tasks | | | |
| 7. Demonstrates proper etiquette and manners | | | |
| 8. Personal appearance/grooming | | | |
| 9. Cooperates with others | | | |
| 10. Communication skills | | | |

Supplementary Comments: _____

Signature

Date

Print Name

Subject Area