



SOUTHERN LAB[®]

SOUTHERN UNIVERSITY
LABORATORY SCHOOL

Teacher Recommendation Form

To the teacher: We appreciate your cooperation in completing this form. Please be candid about this student's academic ability and motivation. All information received from you is confidential. We understand the difficulty in evaluating a student and know that children constantly grow, change, and develop. This form is one piece of the student's profile and will be used in our assessment of them. Thank you very much for your help.

Student Name _____ Grade _____

Current School _____ Phone # _____

Teacher Name _____ Subject _____

Place a check in the appropriate column for each characteristic listed.

ACADEMIC EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Academic Potential					
Academic Achievement					
Attendance					
Completion of Homework					
Ability to Focus					
Oral Expression					
Organization					
Ability to Work in Groups					

CHARACTER EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Responsibility					
Maturity					
Peer Interaction					
Behavior					
Leadership					

PARENT EVALUATION

Comments:

	Excellent	Good	Average	Below Average	Poor
Involved					
Cooperative					

The Admissions office would appreciate your assistance by answering the following questions:

How long have you known the applicant?

What subject(s) have you taught the applicant?

Please provide three words that come to mind when describing this applicant:

What are the student's special interests?

What are this applicant's strengths?

What are this applicant's weaknesses?

If you had the option, would you want this student in your class next year? Why or why not?

Please include any additional relevant information:

Teacher Signature _____ **Date** _____

Teachers: Please email the completed recommendation form to ashley_square@sulabschool.com