



Baccalaureate School for Global Education

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Kelly J. Johnson, Principal

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TEACHER RECOMMENDATION FORM

Applicant Name

Teacher Name

Subject Area and Year Taught

Teacher E-mail or Phone

Directions for Teacher

1. **This recommendation is designed to be confidential.** After completing this form, please return it to the student in a sealed envelope and sign the back.
2. Please e-mail Timothy David-Lang, Guidance Counselor, at tdavid-lang@schools.nyc.gov with any questions.

Please rank the student in each of the categories using the number scale below:

4 Always, **3** Consistent, **2** Inconsistent, **1** Problematic

- ___ Works well in groups
- ___ Works well independently on multi-part projects
- ___ Assignments are turned-in on time
- ___ Remains engaged and on-task during class activities
- ___ Assignments reflect thoughtful effort and follow teacher guidelines
- ___ Demonstrates appropriate study and time management skills
- ___ Demonstrates appropriate organizational skills
- ___ Reads independently
- ___ Participates thoughtfully in intellectual discussion
- ___ Has good relationships with peers
- ___ Has good relationships with adults
- ___ Participates in school clubs/activities
- ___ Potential to succeed in a rigorous academic program

***Please write any additional comments below and on the back of this form.