



Teacher Recommendation Form

Your Name: _____

Your Position: _____

Years/months in position: _____

Institution where position is held: _____

Student Name: _____

Years/months known: _____

Year(s) and grade/level taught: _____

Observations about student's academic performance (please include areas of strengths and needs): _____

Observations about student's behavioral functioning (please include areas of strengths and needs): _____

Observations about student's emotional/mental functioning (please include areas of strengths and needs): _____

Are there any concerns you have about this student that would be beneficial for us to know?

Overall impression of this student: _____

Based on your knowledge and experience with this student, please choose one of the following statements:

- I highly recommend this student for your school
- I recommend this student for your school
- I recommend with hesitancy this student for your school
- I do not recommend this student for your school

Signature: _____

Date: _____

Please return as a PDF via email to: info@rochesterclassicalacademy.org or by mailing to Rochester Classical Academy, 1775 East Ave, Rochester, NY 14610.