

Date _____

Teacher A Recommendation for the Academy Dance Program at CHS

Recommendations may be made by a teacher familiar with your artistic talent, which may include private instructors, and another teacher in any other subject.

Student's Name _____

Based upon your experience with the student, please use a scale of 1 (*the lowest score*) to 5 (*the highest score*) to indicate their performance in the following areas in your class this year.

Listening and following directions	1	2	3	4	5
Organization	1	2	3	4	5
Time management	1	2	3	4	5
Accepting suggestions and criticism	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Attendance	1	2	3	4	5
Academic performance	1	2	3	4	5
Behavior, self-discipline	1	2	3	4	5

In the space below make any additional comments that you believe should be considered in assessing this student's potential for success as an Academy Dance student at Churchland High School.

Please circle the response below that represents your recommendation.

- Recommended without reservation
- Recommended with reservation
- Not recommended

Teacher's Signature _____
Content Area _____