

Cambridge Programme Teacher Recommendation Form Anclote High School

Date:

Student's Name:

Current School:

Student's Current Grade Level:

Teachers, please complete the information requested below. Please do not give this back to the student. Return this form electronically by March 3, 2017 to the appropriate school, ancloteaice@gmail.com. Due to electronic submission please make sure to send this form from your work email to provide authenticity.

| | Excellent | Above Average | Average | Below Average |
|--|-----------|---------------|---------|---------------|
| Confident (Leadership, initiative) | | | | |
| Responsible (Organized, reliable, self disciplined, strong work ethic) | | | | |
| Reflective (Ability to analyze, ask questions, higher order thinking) | | | | |
| Innovative (Creative, open minded) | | | | |
| Engaged (Academically focused, on task) | | | | |

Additional Comments:

Teacher's Name (Printed): _____