



## Teacher Recommendation Form

Applicant Student: \_\_\_\_\_

**To Parents:** Please print your child's name above, and give this form to his/her current teacher. Please then read the following statement and sign your acknowledgement below:

*I authorize the release of school records, including an official transcript of all grades for the past two years, as well as the results of academic testing. I acknowledge that I waive my right to read the confidential teacher recommendation(s) and the school report.*

Parent Signature Date

**To the Recommending School/Teacher:** We appreciate your efforts, cooperation and candor. Please answer the following questions and return them to:

GATE Academy  
Attention: Admissions  
1 St. Vincent Drive  
San Rafael, CA 94903

Recommender's Name: \_\_\_\_\_ School: \_\_\_\_\_ How

long and in what context(s) have you know/taught this student?

What are the applicant's strengths?

What are the applicant's weaknesses?

What is your sense of your student's overall academic potential?

Why?

Please compare the student to his/her classmates:

Ability to work independently:

Ability to work cooperatively:

Responsiveness to direction:

Impulse control/Self-regulation:

Reaction to criticism or setbacks:

Attention span:

Personal conduct:

Integrity:

Do you have any comments regarding the applicant that would be better shared in a telephone conversation?  
If so, please give your contact information. Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Are there other comments you can share regarding applicant's appropriateness for our school?