

## MIDDLE COLLEGE TEACHER RECOMMENDATION FORM

Student: Please complete this section before giving this form to your teacher:

tudent Name:		Grade:				
igh School:						
eacher Name:				Subject(s):		
	ol counselor w emic strengt	orking with thi	s student or o	directly to our off	o o ollege Program rood Drive	
Please √ appropriate box	Below Average	Average	Good	Excellent	Outstanding	
Academic Performance						
Academic Potential						
Written Skills						
Verbal Skills						
Communication Skills						
Leadership						
Task Commitment						
Maturity						
Character						
Study/Organizational/Time Management Skills						
Intellectual Curiosity						
Creativity						
Critical/Analytical Thinking						
Problem-Solving Ability						
Native Intellectual Ability						
Potential for Intellectual						
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