



## Teacher Recommendation

Instructions: Please complete the top portion of the form and then give the form to your son/daughter's teacher. Please ask the teacher to complete it and mail (3601 Romans Rd., Carson City, NV 89705) or fax (775-267-6580) to Sierra Lutheran. **This form must be received prior to your student's interview.**

1. Name of Applicant: \_\_\_\_\_
2. Applying for Grade: \_\_\_\_\_
3. Date: \_\_\_\_\_
4. Parent Signature: \_\_\_\_\_

*Below is the portion to be filled out by the teacher.*

1. Name of School: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Name of Teacher: \_\_\_\_\_
4. Subject Area: \_\_\_\_\_
5. Years You Have Known this Student: \_\_\_\_\_
6. Signature of Teacher: \_\_\_\_\_
7. Date Completed: \_\_\_\_\_

Rating	5	4	3	2	1
Academic Ability	Exceptional	Good	Average	Below Average	Very Low
Leadership Ability	Exceptional	Good	Average	Below Average	Very Low
Initiative and Drive	Exceptional	Good	Average	Below Average	Very Low
Completes/Submits Home-work on time	Exceptional	Good	Average	Below Average	Very Low
Behavior Attitude	Exceptional	Good	Average	Below Average	Very Low
Respect for Authority	Exceptional	Good	Average	Below Average	Very Low
Honesty/Dependability	Exceptional	Good	Average	Below Average	Very Low

Additional Comments: \_\_\_\_\_

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