



TEACHER RECOMMENDATION

Parent or Guardian: Please write your child's name and current school information in the space below. Then read and sign the following statement before giving this request to your child's teacher.

Student Name: _____ Grade: _____

School Name: _____

School Address: _____

I understand and agree that the information contained in this completed Teacher Recommendation form is confidential. Therefore, I waive any right I may have to review the completed document and the responses contained herein.

Parent or Guardian Signature

Date

Ratings	Excellent	Above Average	Average	Below Average
Listens well				
Follows directions				
Works independently				
Homework commitment				
Cooperates with others				
Respects faculty				
Academic achievement				
Attendance record				
Parental support				

Teacher Comments: _____

Teacher Signature

Date

Please return this completed recommendation form to: Rancho Solano Preparatory School Attn: Scott Salk ssalk@ranchosolano.com Phone: (602) 996-7002