

Teacher Recommendation Form

For Admission Into The Academies at Desert Shadows Middle School

Student Name : _____ Current Grade : _____ Date _____

Person who will fill out recommendation: _____ Position/Title: _____

How long have you known the applicant? _____

Parent/Guardian Consent to Release Information:

To allow a completely candid evaluation, I waive my right to examine this recommendation once it is signed.

Yes _____ No _____ Signature of parent/guardian _____

Date given to teacher _____

Dear Colleague, your thoughtful evaluation is one of the most valuable indicators of the above student's ability to succeed in the Academies at Desert Shadows Middle School. Please be assured that your comments will be held in the strictest confidence based on the confidentiality agreement signed above.

Academic Qualities

	Excellent	Good	Average	Fair	Poor	Not Observed
Study Habits						
Attention Span						
Ability to Work Independently						
Ability to Work in a Group						
Ability to Organize and Communicate Ideas						
Motivation						
Intellectual Curiosity						
Critical and Abstract Thinking Skills						

Personal Qualities

	Excellent	Good	Average	Fair	Poor	Not Observed
Personal Integrity						
Self-Confidence						
Personal Conduct						
Creativity						
Reaction to Setbacks						
Sense of Personal Responsibility						
Ability to Handle Stress						
Sense of Humor						
General Level of Maturity						
Concern for Others						
Leadership Skills						

In the event this student is interested in applying to the "Honors Core," do you believe the student will be able to handle Honors English, Honors Science, Honors Social Studies, the appropriate advanced Mathematics course, and a World Language? YES _____ NO _____ MAYBE _____

Please feel free to use the reverse side for additional comments.

Signature of Evaluator: _____ **Title:** _____ **Date:** _____

Upon completion, please seal in an envelope, sign across the seal and return to:
The Academies at Desert Shadows Middle School c/o DSMS 5858 E Sweetwater Avenue, Scottsdale, AZ 85254
Please return within two weeks of receiving the recommendation form – thank you!