



RECOMMENDATION FORM

Student name: _____

Teacher name: _____

Contact (number or email): _____

Please rate your student on a scale of 1 – 5 by writing the number on the line.

1 = Poor

3 = Good

5 = Excellent

Academic performance:

Student's class participation _____

Critical thinking abilities _____

Academic strength _____

Student's reliability _____

Commitment to tasks _____

Ability to meet deadlines _____

Communication skills _____

Teamwork abilities _____

Problem-solving skills _____

Adaptability _____

Provide a statement please:

We all have our strengths and areas for growth. Could you please share one attribute where the student excels and one attribute that could use some improvement?

Add all the numbers and write the total below.

Total Score= _____



Najaé Lewis
Visual Arts Instructor
General Ray Davis Middle School
Ph: (770)-388-5675 | nlewis24@rockdale.k12.ga.us
3375 East Fairview Road
Stockbridge, GA 30281