



Quarry Lane School Summer Academy

Please return this form via email to SummerAcademy@QuarryLane.org.

6363 Tassajara Rd., Dublin Ca, 94568

Phone 925-829-8000

Summer Academy Teacher Feedback Form

This form is for **non-QLS students** enrolled in for-credit classes only

Instructions for Parents/Guardians:

Please complete the top section and provide your signature. Then share the form with the **relevant subject teacher** to complete the feedback section below. If you plan to enroll your child in more than one summer for-credit course, a separate form is required for each subject.

Parent/Guardian Section:

Student's Name:		Grade level:	
Current School:		Semester 1 Grade:	
Requested Class:			

Consent & Confidentiality Statement: I consent to the release of the information requested below for Summer Academy (SA) placement purposes. I understand this form will be returned directly to Quarry Lane School and that the information will be used for SA review only.

Parent/Guardian Signature: _____ **Date:** _____

Teacher Feedback Section

This student is applying to join the Quarry Lane Summer Academy in the course noted above. We'd be grateful for your input to help guide appropriate placement. Our summer courses are intentionally fast-paced and academically demanding, meeting four hours a day across six weeks to deliver a full year of learning in a condensed format. Completing this form simply provides helpful context for our placement process - it is not an endorsement or a decision on enrollment.

Teacher's Name: _____ **Subject Area:** _____

For the program level indicated above, I would:

- Not Recommend Recommend Highly Recommend
 I prefer to discuss this student further and plan to email SummerAcademy@QuarryLane.org

Comments:

(Please include any context that supports appropriate placement and student success in a fast-paced, high-rigor summer learning environment.)

Teacher Signature: _____ **Date:** _____