



CHESTERFIELD COUNTY SPECIALTY CENTER CONFIDENTIAL RECOMMENDATION FORM

DATE: _____

Directions for Applicant: Complete Section I. This form should then be presented to a classroom teacher who knows the student's interests, ability and potential for success, having taught the student in 7th or 8th grade. **Remember to adhere to the specific requirements for recommendations that the specialty program requires.**

Section I

Applicant _____ Current School _____
First *MI* *Last*

Applying to _____ Specialty Center

Section II

Directions for Teacher Making Recommendation:

Parts A, B, and C are to be completed by a teacher who knows the applicant's interests, ability and potential for success. Please refer to the specific requirements for the specialty center listed above.

Please return to the student's counselor to be attached to the transcript no later than the **third Friday in January**.

PART A

Use the following rating scale to assess this student's ability for the specialty center selected by circling the appropriate number next to each item below.

- 4 - Exhibits this trait consistently
- 3 - Exhibits this trait frequently
- 2 - Exhibits this trait occasionally
- 1 - Exhibits this trait seldom

<u>Student's Ability</u>	<u>Rating (circle one)</u>			
1. Retains and applies information	1	2	3	4
2. Demonstrates effective time-management skills	1	2	3	4
3. Completes homework/make-up work on time	1	2	3	4
4. Works collaboratively	1	2	3	4
5. Takes responsibility for own learning	1	2	3	4
6. Exhibits desire and curiosity for learning	1	2	3	4
7. Shows respect for teachers, peers and others	1	2	3	4
8. Produces multiple or novel ideas/solutions to problems	1	2	3	4
9. Accepts and processes criticism	1	2	3	4
10. Attacks challenging and difficult tasks even if success is not guaranteed	1	2	3	4

(Please continue confidential recommendation on back)

PART B

Please indicate below specific events, impressive accomplishments or unusual circumstances which will provide added insight into the strengths and weaknesses of the applicant for the specified specialty center.

PLEASE NOTE: Participation in a Specialty Program related to an interest or aptitude of the student may provide the “spark” to increase learning, examine new perspectives, complete tasks in a timely manner, take responsibility for one’s own learning, increase motivation and exhibit curiosity above and beyond his/her current performance.

A) List three words and/or phrases that immediately come to mind about this student.

B) Please provide specific examples of how these traits are demonstrated.

C) Describe this candidate’s strengths.

D) Additional Comments

PART C

On the line in the box below, indicate your overall recommendation of the applicant *for the program* by placing an “X” at the point you deem appropriate.

Do not Recommend	1	2	3	4	5	6	7	8	9	10	Highly Recommend

Date

Signature of Teacher

Course

Return to the guidance office by 3:00 p.m. on the third Friday in January.

Thank you for taking the time to complete this confidential recommendation form.