



CHESTERFIELD COUNTY SPECIALTY CENTER CONFIDENTIAL RECOMMENDATION FORM

DATE: _____

Directions for Applicant:

Complete Section I. This request should then be sent to a classroom teacher who knows the student's interests, ability and potential for success. **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

If Visual and Performing Arts, what is the area of focus? _____

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 note the focus of the specialty center to which the student is applying as you complete your recommendation.

Please complete and submit no later than the **January 15, 2021**.

PART A

Use the following rating scale to assess this student's ability for the specialty center indicated by selecting 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 (select 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 Taught / Grade Level

Complete and submit by 3:00 p.m. on January 15, 2021.

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