

Teacher Recommendation Form for Honors/AP Classes

Student Name _____

AP/Honors Course _____

Recommending Teacher _____

Attention Applicant: After completing the top portion, please **check** either confidential or nonconfidential below. Next, **sign** your name and have your parent/guardian sign *before* giving the form to the recommending teacher. If you choose to keep the recommendation confidential, you or your parent/guardian will not have access to the results. If you select nonconfidential, you or your parent/guardian will have access to your file.

{ } Confidential

Signature of Applicant

{ } Nonconfidential

Signature of Applicant's Legal Guardian

Recommending Teacher: The student named above is seeking acceptance into the Honors/Advanced Placement Program at Olympia High School. The teacher of the class for which the student is applying would appreciate your help in providing them with a recommendation. Please rank this student's abilities below as frankly and candidly as possible (1= lowest, 4= highest).

- | | | | | |
|--|---|---|---|---|
| 1. Displays curiosity about learning; asks probing, relevant questions | 1 | 2 | 3 | 4 |
| 2. Reacts well to setbacks, constructive criticism | 1 | 2 | 3 | 4 |
| 3. Is a self-directed learner | 1 | 2 | 3 | 4 |
| 4. Offers unique responses; develops original ideas | 1 | 2 | 3 | 4 |
| 5. Turns in all assignments on time | 1 | 2 | 3 | 4 |
| 6. Participates positively in class activities | 1 | 2 | 3 | 4 |
| 7. Effectively manages time and stress | 1 | 2 | 3 | 4 |
| 8. Displays effective writing skills | 1 | 2 | 3 | 4 |
| 9. Attends class consistently | 1 | 2 | 3 | 4 |
| 10. Demonstrates analytical thinking skills | 1 | 2 | 3 | 4 |

Comments (continue on back if necessary):