

TEACHER AP/HONORS
RECOMMENDATION FORM

This form is to be filled out for students that would like to take an AP or Honors Course. Fill out the top portion and give it to the teacher of your choice to fill out and return to the high school office.

Name of Student: _____

Current Grade and Course: _____

Recommendation for the following course(s):

Teacher:

Please fill out the check list below and return to the high school office.

| Question | Very (5) | Somewhat (4) | Sometimes (3) | Rarely (2) | Never (1) |
|---|---------------------|-------------------------|--------------------------|-----------------------|----------------------|
| Homework turned in on time? | | | | | |
| Student is reliable? | | | | | |
| Student works well in groups? | | | | | |
| Student works hard in class? | | | | | |
| Student contributes to the class discussions? | | | | | |
| Student works well on their own? | | | | | |
| Student misses a lot of classtime? | | | | | |

Teacher Signature: _____

Teacher Comments:

