





# 2019-2020 Yearbook Application Teacher Recommendation

Name of student applying: \_\_\_\_\_

Name of teacher: \_\_\_\_\_

Student's semester 1 grade: \_\_\_\_\_ Current grade in English: \_\_\_\_\_

Please rate from 1-10 (low-high)

Student's ability to write proficiently and eloquently:

1    2    3    4    5    6    7    8    9    10

Team-player:

1    2    3    4    5    6    7    8    9    10

Responsibility/Reliability:

1    2    3    4    5    6    7    8    9    10

Student's ability to communicate with others:

1    2    3    4    5    6    7    8    9    10

Student's time management skills:

1    2    3    4    5    6    7    8    9    10

Additional notes:

Teachers: Please submit this recommendation form to Ms. Wray's box in the office by  
Wednesday, March 6. Thank you so much for your time.



