



**TEACHER RECOMMENDATION**

Date of Recommendation \_\_\_\_\_

Name of Student \_\_\_\_\_ OSIS# \_\_\_\_\_

Official Section \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject Class \_\_\_\_\_ Date of Course \_\_\_\_\_

I. **Comments:** Your comments are the most important source for our evaluation of this student.

II. The purpose of this form is to obtain a description of this student's behavior in your classroom. Answer all items by placing a check in the category that best describes the student's behavior.

**A. Academic Ratings**

Marginal	Fair	Good	Very Good (Top 10% but not 2 or 3% this year)	Excellent (Top 2 or 3% this year)	One of the best I have ever encountered in my career		No Basis for Judgment
						Academic Motivation	
						Academic Creative Qualities	
						Academic Self-Discipline	
						Academic Growth Potential	
						Critical and Questioning Attitude	
						Depth of Understanding	
						Participation in Discussion	
						Evenness of Performance	
						Pursuit of Independent Study	

**B. Personality Ratings**

Marginal	Fair	Good	Excellent	One of the best I have ever encountered in my career		No Basis for Judgment
					Leadership	
					Self-Confidence	
					Warmth of Personality	
					Sense of Humor	
					Concern for Others	
					Energy	
					Emotional Maturity	
					Personal Initiative	
					Responsibility	
					Reaction to Setbacks	
					Respect Accorded by Faculty	



# BNCHS

New York City Department of Education

**Benjamin N. Cardozo High School**

*Gerald Martori, Principal*

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**STUDENTS: IN ORDER TO GET AN EFFECTIVE RECOMMENDATION FROM YOUR TEACHER, WE URGE YOU TO COMPLETE THIS INFORMATION BEFORE PRESENTING THIS FORM TO YOUR TEACHER**

**STUDENT'S NAME** \_\_\_\_\_

**CLASS YOU WERE IN** \_\_\_\_\_

**TERM** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**FINAL GRADE IN CLASS** \_\_\_\_\_

**To help the teacher, write a recommendation, describe any special projects, accomplishments, contributions, exam grades, etc. that distinguished you in the class:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you so choose, you may waive your right of access to teacher recommendations. Please check the appropriate space and sign your name below.**

\_\_\_\_\_ **I hereby waive.**

\_\_\_\_\_ **I do not waive my right of access to this recommendation.**

\_\_\_\_\_  
**Student's Signature**