

Teacher Recommendation Form

Cossara Summers

Education Centre

Please complete this form and email it to us at cossara@cossara.com.

The information provided will be considered confidential and will not be shared with the student or his/her parents.

Student First name

Student Last name

How long have you known the student?

How many times has the student been in your classes?

Which courses did he/she take?

Please rate the student.

	Outstanding	Above Average	Average	Below Average	No Basis to Judge
Academic achievement					
Academic potential					
Intellectual curiosity					
Study habits, organization					
Self motivation					
Ability to work independently					
Ability to work in groups					
Classroom behaviour					
Participation in school activities					
Cooperation with peers					
Relationship to adults					

Additional comments

Teacher First Name

Teacher Last Name

Subject Area

Name of School/City/Province

Work Phone Number

What is the best time for us to contact you?