

STUDENT RECOMMENDATION FORM
PARKVIEW AUDITION & SHOWCASE 2021-2022
CORE TEACHER

Full Name _____ Student ID #: _____

Middle School _____

Counselor or Teacher Name _____

Subject Area Math English Social Studies Science

Student Signature _____ Date _____

I. How would you compare the student to others you teach/have taught

	Below Average	Average	Above Average
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/Interest/Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. How well and in what capacity do you know this student?

III. Share your perception of the student's approach to academics

For additional comments and space please use the back of this page.