



CCPS OFFICIAL TEACHER RECOMMENDATION

CLAYTON COUNTY PUBLIC SCHOOLS - SCHOOL CHOICE & PARENTAL OPTIONS

STUDENT ID _____ STUDENT FIRST NAME _____ STUDENT LAST NAME _____

MAILING ADDRESS _____

CITY, STATE _____ ZIP CODE _____

PARENT EMAIL ADDRESS _____ CELL PHONE _____ HOME PHONE _____

CURRENT SCHOOL _____ TEACHER NAME/SUBJECT _____

The above named student has applied to the Clayton County Public Schools, School Choice & Parental Options and has been asked to submit this form to his or her teacher(s). All student recommendations must be received by February 5.

Please note: Two recommendations are required per student.

PLEASE CHECK ONE	OUTSTANDING	VERY GOOD	AVERAGE	BELOW AVERAGE	N/A
Academic/Artistic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical/Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or Concerns (you may attach a letter, if you feel you need the extra space):

Overall Recommendation:

- Highly Recommend Recommend Recommend with Reservations Do Not Recommend

Teacher Signature: _____ Date: _____