



Dual Enrollment Teacher Recommendation Form

To Student: Please complete the upper portion of the recommendation form and give (or send it electronically) to one of your current or former high school teachers.

To Recommending Teacher: Please complete this form and submit it via fax to 803-734-8029 or email to kmontgomery@ed.sc.gov.

Student's Name: _____ Recommending Teacher's Name: _____

To be completed by the student

Recommender

The student whose name appears above has applied to take dual enrollment courses with VirtualSC. Please take a moment to share your thoughts concerning this student's ability to successfully complete college-level coursework in an accelerated semester.

1. How long and in what capacity have you known the applicant?

2. What do you consider the applicant's strengths?

3. What do you consider the applicant's weaknesses that might affect his/her performance in college-level courses?

Please use the following scale to rate the student on the chart below.

5=excellent 4=very good 3=average 2=below average blank=unable to evaluate

	Rating
Critical thinking and analytical skills	
Comprehension of challenging texts	
Writing skills	
Math skills	
Self-reliance and independence in completing scholarly work	
Prioritization and time management	

Please indicate the confidence with which you would or would not recommend the student for enrollment in VirtualSC's dual enrollment program.

☐

Strongly Recommend

☐

Recommend with Reservations

☐

Do Not Recommend

Recommender's Name

Signature

Date