

Wootton H&A Signature Program Teacher Recommendation Form

Student Name _____

Give this recommendation form to **one** of your teachers (English OR Social Studies) to fill out on your behalf.

To be completed by teacher (please use blue/black ink)**

****When the form is completed, please pony it, fax it, OR mail it directly to
Michelle Hanson, Wootton High School, 2100 Wootton Parkway, Rockville, MD 20850.
Fax # 301-279-8569.**

Please use the following rating scale in completing each of the descriptors for this student. Consider the student with reference to the challenge of the innovative and rigorous Signature Programs.

- | | |
|---|--|
| 5 – Exhibits this trait to an exceptional degree
4 - Exhibits this trait consistently
3 - Exhibits this trait frequently | 2 - Exhibits this trait occasionally
1 – Exhibits this trait rarely
0 - N/A |
|---|--|

Trait	Rating	Score
Demonstrates higher order thinking skills	5 4 3 2 1 0	
Seeks intellectual challenges	5 4 3 2 1 0	
Is sensitive to deadlines	5 4 3 2 1 0	
Works well in group settings	5 4 3 2 1 0	
Works well independently	5 4 3 2 1 0	
Demonstrates initiative and intellectual curiosity	5 4 3 2 1 0	
Can see past immediate reward to long-term goals	5 4 3 2 1 0	
Is an intellectual risk-taker	5 4 3 2 1 0	
Self-confident	5 4 3 2 1 0	
	Total Score	

(please use blue/black ink)

1. Do you have any reason to be concerned about this student's academic integrity?
 _____ No _____ Yes (if yes, please explain on back)

2. I recommend this student
 _____ with reservation _____ fairly strongly _____ strongly _____ enthusiastically
3. Additional comments (very important!). Use back if necessary.

Person completing form _____
 School _____
 E-Mail _____
 Course Title _____ Grade Level _____
 Highest Level offered for this course? _____ Yes _____ No _____ N/A
 Teacher Signature _____ Date _____

Recommendations must be received by February 28, 2013