OAKLAND SCHOOL for the ARTS

530 18th Streetwww.oakarts.org(510)873-8805Oakland, CA 94612admissions@oakarts.org

ARTS TEACHER RECOMMENDATION FORM

This form is to be filled out by a teacher chosen by the student applicant. The teacher should know the student's artistic potential and the degree of his/her commitment to the art form. Please complete the attached form and place it in an envelope. Seal the envelope and sign across the seal. The completed form, in a sealed envelope, is to be given to the student, who is required to present the sealed envelope at the audition.

Student's Name:	
Area you teach student:	School/Organization:

Please check the appropriate description of the following areas and comment.

I. **Innovation** – The individual's sensitive self-expression is:

1	
Superior (Top 5% of students you have taught)	
Excellent (Top 5% of students this year)	
Good (Top 20% of students this year)	
Fair (Top 50% of students this year)	
Poor	
No Opportunity to observe	

2. **Concentration** – Ability to become absorbed in his/her work without distraction:

Superior (Top 5% of students you have taught)	-
Excellent (Top 5% of students this year)	-
Good (Top 20% of students this year)	-
Fair (Top 50% of students this year)	-
Poor	-
No Opportunity to observe	-

3. Self-Discipline – Acceptance and execution of personal responsibility:

Superior (Top 5% of students you have taught)	-		
Excellent (Top 5% of students this year)	_		
Good (Top 20% of students this year)	-		
Fair (Top 50% of students this year)	_		
Poor	-		
No Opportunity to observe	-		
		-	

4. **Commitment** – Willingness to make personal sacrifices to pursue art form:

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Superior (Top 5% of students you have taught)		
Excellent (Top 5% of students this year)		
Good (Top 20% of students this year)		
\Box Fair (Top 50% of students this year)		
Poor		
No Opportunity to observe		

5. **Control of Technique** – The technical development of the student's art form:

Superior (Top 5% of students you have taught)		
Excellent (Top 5% of students this year) Good (Top 20% of students this year) Fair (Top 50% of students this year)		
Good (Top 20% of students this year)		
Fair (Top 50% of students this year)		
Poor		
No Opportunity to observe		
		_
Do you recommend this student to be admitted to Oakland So	chool for the Arts? YES	∐ NO

Please use reverse side for additional comments.

Instructor's Name (print):

School:			

Business Phone: _____

Position: ____

Signature: _____

Date: _____