

FTP Recommendation Form

Student Name _____

To the Student: This recommendation form is to be completed by a current or former teacher. Read the statement below and sign it. Should you not wish to waive your right to access this recommendation, please do not sign the statement.

I understand that this recommendation will be used only for admission purposes; it will not be made part of my educational record and no reference will be made to it for educational purposes after a decision is final on my admissibility. I will not have access to this recommendation under the Family Educational Rights and Privacy Act 1974.

Student Signature _____ Date _____

To the Teacher: This student is applying for the Future Teachers Project at Santa Clara University. We appreciate your candid assessment of the student: Please contact us with any questions. You may return this form to us by mail or by fax or give it to the student in a sealed, signed envelope.

Use the scale given below to rate the student in each category:

4= Strongly Agree 3=Agree Somewhat 2=Disagree Somewhat 1=Strongly Disagree X= Not Observed

1. _____ The student excels academically.
2. _____ The student attends class regularly.
3. _____ The student reports to class on time.
4. _____ The student enjoys the challenge of difficult problems, assignments, issues, and materials.
5. _____ The student helps others in class.
6. _____ The student is a good classroom leader.
7. _____ The student has a positive attitude toward schoolwork.
8. _____ The student copes with normal frustration and adapts to change well.
9. _____ The student is receptive to new tasks or experiences and seems able to take reasonable risks.

Please check the appropriate box:

- I highly recommend the applicant I recommend the applicant
 I recommend the applicant with reservation I do not recommend the applicant

Teacher Name _____ Teacher Signature _____

Teacher Subject _____ Date Signed _____

Teacher Phone _____

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Please use reverse side for additional comments.