



## **Confidential Teacher Recommendation Form Advanced Placement (AP)**

Subject Area \_\_\_\_\_

**Teachers, please return completed form to HS Counseling Office by: Friday, March 4th**

**Student Name** \_\_\_\_\_ **Current Grade Level** \_\_\_\_\_

**AP Course Requested:**

**Current Teacher's Name** *(in same subject area)* \_\_\_\_\_

**Current Class** *(in same subject area)* \_\_\_\_\_ **Semester Grade** \_\_\_\_\_

**Teachers:** Please use this form to provide constructive feedback regarding this student's potential, abilities, and personal readiness to be successful in a high school AP course in your subject area.  
**On a scale of 0-3, please rate this student as follows:**  
**0-Not Recommended    1-Some Reservations    2-Recommended    3-Highly Recommended**

	Score	Comments
<b>Motivation</b> Initiative, Completion, Timeliness, Participation		
<b>Maturity</b> Time & Stress Management, Collaboration, Conduct, Self-advocacy, Teamwork, Good Listener		
<b>Commitment</b> Reliable, Interested/Enjoys Subject, Work Ethic		
<b>Acceleration</b> Manages Work Load, Advanced, Deep Thinker, Insightful, Problem Solver		
<b>Conduct/Discipline</b> On Time to Class, Leader, Makes Positive Contributions		
<b>Overall Recommendation</b> Will this student be successful taking AP coursework?		

**Teacher Signature** \_\_\_\_\_ **Date** \_\_\_\_\_