

Cabarrus Early College of Health Sciences Teacher Recommendation Form

Please return to your school counselor when complete.

Student's name (first and last): _____

Current School: _____

How long and in what capacity have you known this student? _____

Please rate the following using an "X" in the box.

Characteristics	Exceptional	Good	Average	Below Average
Personal Integrity				
Ability to relate to peers of diverse backgrounds				
Ability to work with peers				
Ability to accept academic challenges				
Ability to work independently				
Leadership				
Initiative				
Work Ethic				
Respect for peers and authority				
Communication skills				

Please share any comments below that will aid us in assessing this student's qualifications.

____ Highly Recommend ____ Recommend ____ Recommend with reservations ____ Cannot Recommend

Print Name: _____ Signature: _____ Date: _____