

STUDENT REQUEST for TEACHER RECOMMENDATION

PLEASE PRINT CLEARLY

Date of Request: _____

Student Name: _____

TEACHER NAME: _____

Student ID: _____

PLEASE PRINT CLEARLY

Student Email: _____

Class: _____ Semester/Yr: _____ Final Grade: _____

Class: _____ Semester/Yr: _____ Final Grade: _____

Class: _____ Semester/Yr: _____ Final Grade: _____

If course is part of an IEP, 504 or health plan, I give you permission to include comments as they apply.

Three (3) good reasons why you should write a recommendation for me:

(i.e. project I did... effort I put in...my contribution to the class...class was memorable for me because...)

1

2

3

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A few things you might not know about me:
(extra-curricular PW activities; volunteer; part-time job etc.)

Please Note:

- Teachers are not required to provide Letters of Recommendation
- All letters of recommendation are confidential

Student Signature

Date