

Teacher Recommendation Form for the Dual Enrollment Consortium Program

Instructions: This form is to be completed by teachers. Please verify that the **Student Information Section** is complete; if it is not, ask the student to provide the missing information. Please complete the **Teacher Information Section** and return this form to the school counselor to upload into the student’s Dual Enrollment Consortium Program application portal, along with other supporting documents.

For questions related to this recommendation form, please contact Christina.Beal@dc.gov.

Student Information Section (to be completed by student)

Student Name _____

Email _____ Phone _____

Teacher Information Section (to be completed by teacher)

High School Name _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

Teacher Name _____

Title _____

Email _____

How long have you known this student and in what context?

Please rate your student compared to other students in his/her class by adding an “X”:

| Academic Ratings | Not Applicable | Below Average | Average | Above Average | Exceptional (Top 10%) | One of the top few I’ve encountered in my career |
|-----------------------|----------------|---------------|---------|---------------|-----------------------|--|
| Attentiveness | | | | | | |
| Written Communication | | | | | | |
| Creativity | | | | | | |
| Punctuality | | | | | | |
| Oral Communication | | | | | | |
| Organizational Skills | | | | | | |
| Motivation | | | | | | |
| Work Ethic | | | | | | |

| Character and Personality Ratings | Not Applicable | Below Average | Average | Above Average | Exceptional (Top 10%) | One of the top few I've encountered in my career |
|-----------------------------------|----------------|---------------|---------|---------------|-----------------------|--|
| Leadership | | | | | | |
| Reaction to setbacks | | | | | | |
| Maturity | | | | | | |
| Initiative/follow-through | | | | | | |
| Integrity | | | | | | |
| Responsibility | | | | | | |
| Overall | | | | | | |

What words or phrases come to mind when describing the applicant's academic qualities, strengths and weaknesses?

Additional comments (information will be used to help us differentiate this student from others):

Teacher Name (Please Print) _____

Teacher Signature _____ Date _____