

Teacher Recommendation Form

Student Name: _____ Grade: _____

School Name: _____

Recommender's Name: _____ Title: _____

Email: _____

Length of time you've known student and in what capacity? _____

Does the student's grades reflect their ability and effort? _____

Please rate the student on the following qualities:

	Excellent	Very Good	Satisfactory	Poor
Has good work habits; is disciplined				
Shows potential for more advanced study				
Attendance/Punctuality				
Completes assignments/meets deadlines				
Maintains positive attitude				
Demonstrates respect for others				
Exhibits Maturity				

Please check one:

Highly recommend Recommend Recommend with reservation Do not recommend
that this student be admitted to the Baruch STEP Academy.

Teacher's Statement

Why is this student a good candidate for the Baruch College STEP Program?

Signature*: _____ Date: _____
Handwritten signature*

Send to: BaruchSTEP@gmail.com or Brian Kane, Baruch College STEP Academy
55 Lexington Avenue, B5-237, New York, NY 10010