

Recommendation Form for Special Programs of Study Jackson Public School District

Please upload this completed recommendation form to the JPS Special Programs Common Application.

Student _____ School _____

Please use the following rating scale to describe the student applicant's learning characteristics and levels of motivation and creativity. Your time and professional judgment are greatly appreciated.

1 – Below Average

2 – Average

3 – Above Average

Directions: Place an "X" in the appropriate box.

	1	2	3
Values other's thoughts and ideas			
Grasps new and different concepts easily			
Shows a high level of self-motivation			
Shows a high level of self-confidence and assertiveness			
Demonstrates an ability to work independently			
Demonstrates an ability to work collaboratively with students and adults			
Demonstrates the ability to manage time and responsibilities			
Has good oral and written communication skills			
Has good organizational skills			
Has the ability to set realistic goals			
Demonstrates self-respect and respect for others			
Adapts well to change			
Demonstrates honesty and integrity			
Demonstrates a high level of responsibility			
Expresses creativity			
Appreciates diversity			

In this space below, please provide additional comments that may be helpful to our selection process.

Please place an "X" in the box indicating your overall recommendation for this student.

<input type="checkbox"/>	I highly recommend this student.	<input type="checkbox"/>	I recommend this student.
<input type="checkbox"/>	I recommend this student with reservation.	<input type="checkbox"/>	I do not recommend this student.

Please place an "X" in the box indicating your school position.

<input type="checkbox"/>	Principal	<input type="checkbox"/>	English Language Arts Teacher	<input type="checkbox"/>	Math Teacher	<input type="checkbox"/>	Counselor
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** If you are an English Language Arts or a Math teacher completing this form, please list the percent correct the student earned on the JPS District Benchmark 2 (Dec 2020) for your course _____*

Name _____

Signature _____

Date _____