



American Community School

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EDUCATIONAL
EXCELLENCE
SINCE

1955

Confidential Teacher Recommendation Request Form

Students, please complete the top portion of this form and give the letter to a teacher who knows your academic work well.

Student Name _____ Date of Request _____

Teacher's Name _____ Course _____

Ratings

Teachers, please complete this confidential recommendation. Teachers must seal it in an envelope and sign across the seal themselves. The sealed envelope can be returned to the student to include in his or her application packet or faxed directly to +962 (6) 582-3357 with a cover letter. Thank you for taking the time to complete this form.

Compared to the other students you've taught, rate this student in terms of academic skills and potential. Please use the scale below in assessing this student:

| | |
|---|---|
| 1 | No basis for evaluation |
| 2 | Below average |
| 3 | Average |
| 4 | Very good (well above average) |
| 5 | Excellent (top 10%) |
| 6 | One of the top few encountered in my career |

Creative, original thought _____ Written expression _____

Effective class discussion _____ Motivation _____

Independence, initiative _____ Intellectual ability _____

Disciplined work habits _____ Potential for growth _____

Academic achievement _____ Integrity _____

In the space below (or attach additional sheets) please write whatever you think is important about this student, including academic and personal characteristics.

Teacher's Name _____ Signature _____