

Clark Atlanta University

Please complete and return to:
Clark Atlanta University
223 James P. Brawley Dr. SW
Atlanta, GA 30314

teacher
recommendation
form

If you have any questions, please call:
1-800-688-3228 (toll free)
404/880-8784

Name _____ Social Security _____

Address _____
Number and Street City/Town State Zip Code

The Family Education Rights and Privacy Act of 1974 entitles students to their letters of recommendation in their permanent file at Clark Atlanta University. The student may waive the right to access, in which the recommendation will be considered confidential and will not be available to the student. If you wish to waive your right to access this recommendation, please sign below.

Signature of Applicant _____ Date _____

To be completed by Teacher

Name _____ Subject you teach _____

School _____ Phone _____ Email Address _____

School Address _____
Number and Street City/Town State Zip Code

Years you have known student _____ Three words which describe the student _____

Please rank the student in the categories listed below using the following: O-Outstanding; A-Average; P-Poor; N-No basis for judgment.

____ Written communication skills	____ Ability to work with others	____ Maturity
____ Verbal communications skills	____ Intellectual ability	____ Self discipline
____ Organizational skill	____ Analytical ability	____ Initiative
____ Judgment	____ Leadership	____ Integrity

(Optional) I recommend this student: Strongly Recommend Recommend with reservations

Thank you for completing the evaluation. Attach any additional comments you would like to make about the student.

Signature of Teacher _____ Date _____