

English Language Institute
SCHOLARSHIP PROGRAM

Teacher Recommendation Form

Student: _____ Teacher: _____

Course Title: _____ Semester: _____

Please rate the student based on the following criteria by clearly circling the appropriate number corresponding to the scale. After completing, place in or interoffice to an ELI staff member in HR-200. **DO NOT GIVE BACK TO STUDENT.**

1=Poor 2=Needs Improvement 3=Satisfactory 4=Good 5=Excellent

1. Attendance	1	2	3	4	5	N/A
2. Class Participation/ Enthusiasm	1	2	3	4	5	N/A
3. Homework	1	2	3	4	5	N/A
4. Tests/Quizzes	1	2	3	4	5	N/A
5. Initiative/ Responsibility toward Learning	1	2	3	4	5	N/A
6. Ability to Work with Others	1	2	3	4	5	N/A
7. Progress (as compared to peers)	1	2	3	4	5	N/A
8. Overall	1	2	3	4	5	N/A

Please include remarks.

Signature _____ Date _____