

Teacher Recommendation

Providence Public Schools
Office of Advanced Academics
797 Westminster Street
Providence, RI 02903

(Parents Please ask your child's teacher to complete this form and return it to you so that you may send it forward along with the other application documents.)

Dear Teacher:

Please print the name of the student you are recommending, the grade, and school:

Student Name: _____ Grade: _____

Scho

Teacher Member Rating Scale

Student Name	Characteristic	Poor	Average	Good	Very Good
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