



# CENTERS OF LEARNING

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Applying for Grade \_\_\_\_\_

## TEACHER RECOMMENDATION FORM

\_\_\_\_\_ has applied for admission to Centers of Learning.  
(applicant's name)

Please complete this teacher recommendation form and return it to the Centers of Learning Admissions Office as soon as possible. If you have any questions, please do not hesitate to call. The information you provide is considered confidential. Thank you in advance for your assistance.

### I. Academic Traits -

Rank the applicant in the following categories in comparison with other students of the same age you have taught in your school.

A. Intellectual aptitude	Low	2	3	Average	4	5	Very High
B. Study habits	Inadequate	2	3	Satisfactory	4	5	Very Effective
C. Academic motivation	Little	2	3	Adequate	4	5	Highly purposeful
D. Intellectual curiosity	Little	2	3	Average	4	5	Great
E. Academic imagination and originality	Little	2	3	Average	4	5	Highly creative

### II. Personal Traits -

	No opportunity to observe	Below Average	Fair	Good	Excellent	Outstanding
A. Sense of humor	1	2	3	4	5	6
B. Accepts input & correction	1	2	3	4	5	6
C. Self-confidence	1	2	3	4	5	6
D. Concern for others	1	2	3	4	5	6
E. Reaction to setbacks	1	2	3	4	5	6
F. Standards of personal conduct	1	2	3	4	5	6
G. Standards of personal integrity	1	2	3	4	5	6
H. General emotional stability	1	2	3	4	5	6
I. Self-discipline	1	2	3	4	5	6
J. Initiative and drive	1	2	3	4	5	6
K. General level of maturity	1	2	3	4	5	6

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject taught: \_\_\_\_\_ School: \_\_\_\_\_