

Teacher Recommendation Form for the Dual Enrollment Consortium Program

Instructions: This form is to be completed by teachers. Please verify that the **Student Information Section** is complete; if it is not, ask the student to provide the missing information. Please complete the **Teacher Information Section** and return this form to the school counselor to upload into the student’s Dual Enrollment Consortium Program application portal, along with other supporting documents.

For questions related to this recommendation form, please contact Kalecia.Baity1@dc.gov.

Student Information Section (to be completed by student)

Student Name _____
 Email _____ Phone _____

Teacher Information Section (to be completed by teacher)

High School Name _____
 Address _____
 City _____ State _____ ZIP Code _____
 Phone _____ Fax _____
 Teacher Name _____
 Title _____
 Email _____

How long have you known this student and in what context?

Please rate your student compared to other students in his/her class by adding an “X”:

Academic Ratings	Not Applicable	Below Average	Average	Above Average	Exceptional (Top 10%)	One of the top few I’ve encountered in my career
Attentiveness						
Written Communication						
Creativity						
Punctuality						
Oral Communication						
Organizational Skills						
Motivation						
Work Ethic						

Character and Personality Ratings	Not Applicable	Below Average	Average	Above Average	Exceptional (Top 10%)	One of the top few I've encountered in my career
Leadership						
Reaction to setbacks						
Maturity						
Initiative/follow-through						
Integrity						
Responsibility						
Overall						

What words or phrases come to mind when describing the applicant's academic qualities, strengths and weaknesses?

Additional comments (information will be used to help us differentiate this student from others):

Teacher Name (Please Print) _____

Teacher Signature _____ Date _____