



TEACHER RECOMMENDATION FORM

Dual Enrollment Program at New Bedford High School

Student's Full Name: _____ Date: _____

Current School: _____

The above-named student is applying for the Dual Enrollment Program at NBHS. This form will be used as part of the criteria to determine if he/she will be accepted into the program.

Person completing form: _____

Relationship to student: _____

The student named above is a candidate for admission to the Dual Enrollment Program at New Bedford High School. Your recommendation is vital to our process as our admission committee examines the academic and personal qualifications of each candidate. Please respond candidly and thoughtfully. Once completed, please give it to the student in a sealed and signed envelope.

Personal Qualities: Please place check marks at the points that represent your evaluation of the student in comparison to other students in his/her age group.

	Excellent	Good	Fair	Below Average	No Basis
Personal Conduct					
Leadership Potential					
Creativity					
Concern for Others					
Honesty/Integrity					
Respectfulness					
Self-Esteem/Self- Confidence					
Pride in work					
Motivation					
Responsibility					
Respect for others					
Participation in School/Community Activities					

Academic Qualities: Please place check marks at the points that represent your evaluation of the student in comparison to other students in his/her age group.

	Excellent	Good	Fair	Below Average	No Basis
Intellectual Curiosity					
Motivation/Effort					
Ability to Work Independently					
Ability to Work Cooperatively					
Organization					
Creativity					
Willingness to take Intellectual Risk					
Oral Communication Skills					
Study Habits					
Determination					

Overall impression of candidate: (please circle one)

With Enthusiasm

Strongly Recommend

Recommend

Recommend with Reservation

This report will not be disclosed to the applicant; it will only be available to the administration of the Dual Enrollment Program. If you have any questions about the program, please contact Joyce Cardoza at jcardoza@newbedfordschools.org for additional information.

Signature _____ Date _____

Please place this form in a sealed envelope, sign along the seal and return to the student.

NB
RESPONSIBILITY
RESPECT
DETERMINATION
PRIDE
CREATIVITY