



Mandatory Teacher Recommendation

Student's Name: _____ Teacher's Name: _____

Classroom #: _____ Subject(s) taught: _____

Contact Phone: (____) _____ Best time to reach you: _____

To the student: You should choose a teacher that has known you for at least one full academic year. We may contact each of your teachers to discuss your potential participation in the Urban Alliance program. This recommendation is MANDATORY.

To the teacher: Please provide your signature and contact information, along with the recommendation that this student is a good candidate for the Urban Alliance program. Any additional comments about the student would be greatly appreciated. Please address questions to the Urban Alliance office at 202.459.4300.

Please help identify strengths and weaknesses of the applicant so that we may best prepare them for their work environment. Write N/A if you do not have a basis for evaluation.

Category	Excellent (Top 5-10%)	Above Average (Top 10-25%)	Average (Top 25-75%)	Needs Improvement (Bottom 25%)
Communication skills				
Writing skills				
Work ethic				
Responsibility				
Attendance/ punctuality				
Initiative				
Academic Potential				
Class participation				

Please elaborate on any categories rated "Needs Improvement." _____

Additional Comments: Please tell us why you believe this student is a good candidate for Urban Alliance.

Teacher Signature _____ Date _____