



Ronald W. Reagan/Doral SHS
 8600 NW 107 Ave.
 Doral, Fl. 33178
 Phone: 305.805.1900

Fax: 305.805.1901

Teacher Recommendation Form

Name (Print Legibly) _____ ID # _____ Grade _____

Current School _____

Teachers: Please complete the information requested below. Please return to student to submit through their online application. Please contact Ms. Karla Lopez, TA Coordinator at Ronald W. Reagan/Doral Senior High School (karlalopez@dadeschools.net) with any questions or concerns.

Choose and complete one:

- _____ Language Arts/English teacher (Grade Level): _____
- _____ Mathematics teacher (Course name): _____
- _____ Science teacher (Course name): _____
- _____ Social Studies teacher (Course name): _____

How long have you known the applicant? _____ Student's 1st semester grade _____

EVALUATION:

Category	Top 5%	Above Average	Average	Below Average	Comments
Academic Ability					
Motivation/ Self-Discipline					
Study Habits					
Ability to Work with Others					
Leadership					
Respect for classmates					
Respect for Faculty					
Personal Conduct					
Organizational skills					

Recommendation: _____ Highly Recommend _____ Recommend _____ Cannot Recommend

Print _____ Signature _____ Date: _____
Teacher name Teacher name