



M-DCPS Official Teacher Recommendation

MIAMI-DADE COUNTY PUBLIC SCHOOLS - SCHOOL CHOICE & PARENTAL OPTIONS

STUDENT ID STUDENT FIRST NAME STUDENT LAST NAME

MAILING ADDRESS CITY, STATE ZIP CODE

PARENT EMAIL PARENT CELL PHONE PARENT HOME PHONE

CURRENT SCHOOL TEACHER NAME / SUBJECT

SCHOOL/PROGRAM(S) APPLYING TO:

The above named student has applied to the Miami-Dade County Public Schools, School Choice & Parental Options and has been asked to submit this form to his or her teacher(s). All student recommendations must be received by January 15.

Please note: All required recommendation forms may be uploaded within the "Document Uploads" step or requested online or sent directly to the school(s) to which you are applying by the application deadline. Only one (1) recommendation is required per student.

PLEASE CHECK ONE	OUTSTANDING	VERY GOOD	AVERAGE	BELOW AVERAGE	N/A
Academic/Artistic Achievement					
Interpersonal Skills					
Maturity					
Motivation					
Oral Communication					
Written Communication					
Integrity					
Analytical/Critical Thinking					
OVERALL					

Comments or Concerns (you may attach a letter, if you feel you need the extra space):

Overall Recommendation:

Highly Recommend
 Recommend
 Recommend with Reservations
 Do Not Recommend

Teacher Signature: _____ Date: _____