

# TEACHER RECOMMENDATION FORM

Academic Year 2010-2011

# East Oakland School of the Arts

**This form is to be filled out by a teacher chosen by the student applicant. The teacher should know the student's artistic potential and the degree of his/her commitment to the art form.**

Student's Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email: \_\_\_\_\_

Area You Teach Student: \_\_\_\_\_ School/Organization: \_\_\_\_\_

**Innovation**—The individual's self-expression is (circle one):

Superior

Excellent

Good

Fair

Poor

**Concentration**—The ability to become absorbed in his/her work without distraction (circle one):

Superior

Excellent

Good

Fair

Poor

**Self Discipline**—Acceptance and execution of personal responsibility (circle one):

Superior

Excellent

Good

Fair

Poor

**Commitment**—Willingness to make personal sacrifices to pursue art form (circle one):

Superior

Excellent

Good

Fair

Poor

**Potential**—In an environment conducive to learning and growth what do you believe the potential of the applicant to be? (circle one):

Superior

Excellent

Good

Fair

Poor

