

## Sarasota High School AICE Program Teacher Recommendation Form

**\*\* To be completed by Language Arts Teacher**

Student name: \_\_\_\_\_ Current School: \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's grades (fill in according to time of year): First Qtr. \_\_\_\_\_ Second Qtr. \_\_\_\_\_ Third Qtr. \_\_\_\_\_

Please rate the student in the following categories according to the following scale:

	Excellent	Above Average	Average	Below Average
<b>Intellect</b>				
<b>Study habits</b>				
<b>Motivation</b>				
<b>Homework</b>				
<b>Maturity</b>				
<b>Personal Conduct</b>				
<b>Independence</b>				

How has the student achieved good grades in your class? Check all that apply:

\_\_\_\_\_ by consistent hard work    \_\_\_\_\_ by grade consciousness    \_\_\_\_\_ by virtue of memory

\_\_\_\_\_ by brilliance of mind    \_\_\_\_\_ other

Additional comments:

Do you believe this student is a good candidate for the AICE Program?

\_\_\_\_ Highly recommend    \_\_\_\_ Recommend    \_\_\_\_ Do not recommend

Signature of teacher \_\_\_\_\_

\* This form can be returned to the student upon completion, so the student can return it with a completed application. However, if you feel this needs to be sent directly to the AICE office, please do so through PONY, direct mail, or email (Michelle.Renner@sarasotacountyschools.net).

Shelly Renner  
 SHS AICE Program Admin. Asst.  
 2155 Bahia Vista Street  
 Sarasota, FL 34239

## Sarasota High School AICE Program Teacher Recommendation Form

**\*\* To be completed by a teacher of your choice**

Student name: \_\_\_\_\_ Current School: \_\_\_\_\_

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's grades (fill in according to time of year): First Qtr. \_\_\_\_\_ Second Qtr. \_\_\_\_\_ Third Qtr. \_\_\_\_\_

Please rate the student in the following categories according to the following scale:

	Excellent	Above Average	Average	Below Average
<b>Intellect</b>				
<b>Study habits</b>				
<b>Motivation</b>				
<b>Homework</b>				
<b>Maturity</b>				
<b>Personal Conduct</b>				
<b>Independence</b>				

How has the student achieved good grades in your class? Check all that apply:

\_\_\_\_\_ by consistent hard work    \_\_\_\_\_ by grade consciousness    \_\_\_\_\_ by virtue of memory

\_\_\_\_\_ by brilliance of mind    \_\_\_\_\_ other

Additional comments:

Do you believe this student is a good candidate for the AICE Program?

\_\_\_\_\_ Highly recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Do not recommend

Signature of teacher \_\_\_\_\_

\* This form can be returned to the student upon completion, so the student can return it with a completed application. However, if you feel this needs to be sent directly to the AICE office, please do so through PONY, direct mail, or email (Michelle.Renner@sarasotacountyschools.net).

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