

**Cambridge (AICE) Academy
Ronald W. Reagan/Doral Senior High School**

8600 NW 107th Avenue
Doral, FL 33178

Tel: 305.805.1900
Fax: 305.805.1901

Teacher Recommendation Form

Name (Print Legibly) _____ ID # _____ Grade _____

Current School _____

Teachers: Please complete the information requested below. Return this form to the Patrick Vega, AICE Coordinator at Ronald W. Reagan/Doral Senior High School. Please contact Mr. Vega (pmvega@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

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