



Current Teacher Recommendation Form

Santa Fe Indian School Office of Admissions | (505) 989-6370 | www.sfis.k12.nm.us

This form must be completed by one of the applicant's current teachers of any subject.

Student's Name: _____
First MI Last

Student's Current Grade Level: 6 7 8 9 10 11 Student's Current Grade in Your Class: _____

Teacher's Name: _____
First MI Last

Course/Subject Name: _____

How often does class meet? _____ Does the student attend class regularly? Yes No

Has the student been formally disciplined this school year? Yes No If yes, explain: _____

Give a brief assessment of the student's academic performance and potential:

Identify and describe non-academic strengths the student possesses, such as in athletics, drama, art, or other area.

How well does the student accept advice or criticism?

	Rarely (25% of the time)	Occasionally (50% of the time)	Usually (75% of the time)	Consistently (90% of the time)	Always (100% of the time)
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes time/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about their studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has to be redirected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Below Average (Bottom 25%)	Average (Middle 50%)	Above Average (Top 25%)	Outstanding (Top 15%)	Exceptional (Top 5%)
As a student, they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you provided accommodations for the student through any of the following (check all that apply):

Special Education IEP Gifted & Talented IEP 504 Plan English Learner

I confirm I am a current teacher of the student for the 23-24 SY and I am of no relation to them. _____

Initials

Signature

Date

Phone Number

School Name and Town/City Located

Please provide the completed form to the parent/guardian or the applicant. Your support is appreciated.