

## Teacher Recommendation

Providence Public Schools  
Office of Advanced Academics  
797 Westminster Street  
Providence, RI 02903  
401-456-9100

(Parents: Please ask your child's teacher to complete this form and return it to you so that you may send it forward along with the other application documents.)

Dear Teacher:

Please print the name of the student you are recommending, the grade, and school:

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_ **Subject:** \_\_\_\_\_

The teacher recommendation is a quintessential component of the selection process for students to be considered as a part of the 2025-2026 Advanced Academics Program. Please complete the Teacher Rating Scale and write a brief narrative about the student. The narrative should include the student's strengths not necessarily covered in the Teacher Rating Scale.

## Teacher Member Rating Scale

Student Name _____					
Characteristic	Poor	Average	Good	Very Good	Outstanding
Concentration					
Vocabulary					
Fluent Use of Language					
Computation					
Perseverance					
Abstract Thinking					
Making A Sound Argument					
Leadership					
Independence/Initiative					
Problem Solving					
Articulating Ideas					
Providing Explanations					
Creativity/Imagination, Ability to Speculate					
Regular Class Work					
Learning Speed (Especially for Routine Topics)					
Memory for Details and Relationships					
Extended Concentration					
Sense of Humor					
Organization					
Asking Probing Questions					
Analyzing Complex Ideas					
Seeing Others' Perspectives					
Reflecting on Answers					
Flexibility (e.g. Thinking logically or divergently as appropriate to the situation)					
Aptitude for (name of subject) _____					