

**ECCO Teacher Recommendation Form**

**To the applicant:** Complete the studentinformation section below before giving this form to a teacher or guidance counselor to fill out. The teacher or counselor will send the form directly to Central Office where it will be added to the rest of your application.

**Student Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Currently Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of teacher or counselor completing the recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early College and Career Option to which you are applying (check one):

Middle College at Austin Peay State University

Transitional Pathway

Associate Degree Pathway

CMCSS at Tennessee College of Applied Technology (TCAT)

Diesel Powered Equipment Technology

HVAC/R: Heating, Ventilation, Air Conditioning, and Refrigeration Technology

Industrial Maintenance/Electricity

Pharmacy Technician

CMCSS at Nashville State Community College (NSCC)

Early Childhood Education

Logistics

**To the teacher or counselor completing the recommendation:** Please complete the recommendation for the student listed above as honestly as possible. Information from this recommendation will play a role in the selection process for student admittance into each of the Early College and Career Options.

How long have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have you worked with the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM CONTINUES ON THE OTHER SIDE

Rank the student in each of the categories listed below by checking one corresponding ranking per category.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Average | Below Average | Poor |
| Integrity |  |  |  |  |  |
| Attendance |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Cooperation |  |  |  |  |  |
| Resourcefulness |  |  |  |  |  |
| Writing Skills |  |  |  |  |  |
| Speaking Skills |  |  |  |  |  |
| Analytical Skills |  |  |  |  |  |
| Punctuality |  |  |  |  |  |
| Work Ethic |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Organization |  |  |  |  |  |
| Independence |  |  |  |  |  |

In the space below, comment on this student’s strengths or special talents.

Click or tap here to enter text.

In the space below, comment on any areas in which you feel this student may need special assistance if accepted into the Early College and Career Option for which he or she has applied.

Click or tap here to enter text.

How highly would you recommend that this student be accepted into the Early College and Career Option for which he or she is applying?

Highly recommend  Recommend with reservations

Recommend  Do not recommend

Teacher Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed recommendation forms should be turned in to high school counselors within two business days of student request.**