#

# CBESS Teacher / Counselor Recommendation Form I

Please give this form to a current teacher or counselor at your school to complete.

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| Student’s Name: |  |
| Current Grade Level: |  | High School: |  |
| Teacher / Counselor’s Name: |  |  |
| Teacher / Counselor’s Signature:  |  | Date: |  |
| How long have you known the applicant? |  |
| What content area do you teach? |  |

The above student is applying to the Community of Bilingual English-Spanish Speakers (CBESS) program. Your response to the following will help us determine if the candidate will benefit from the CBESS program. If you would prefer to keep the recommendation confidential, you may fax, or mail us your letter. Otherwise, the student may attach the letter to his/her Application Packet.

**Please check the qualities, which best describe the commitment, talent, and skills of this student:**

( ) Participates regularly in class discussions and activities

( ) Shows interest in learning and seeks academic challenge

( ) Is punctual and completes assignments on time

( ) Capable of performing at higher personal and academic level

( ) Demonstrates leadership abilities

( ) Is organized and uses time effectively

( ) Is responsible, self-directed and can work independently

( ) Desire to pursue education beyond high school

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| --- |
| **Please evaluate the student’s current overall performance by circling one rating for each category:** |
| Attendance / Tardiness: | excellent | good | fair | poor | inconsistent |
| Classroom Attitude: | excellent | good | fair | poor | inconsistent |
| Class Work: | excellent | good | fair | poor | inconsistent |
| Classroom Behavior: | excellent | good | fair | poor | inconsistent |
| Social Skills: | excellent | good | fair | poor | inconsistent |
| Work Ethic: | excellent | good | fair | poor | inconsistent |
| Motivation: | excellent | good | fair | poor | inconsistent |

**Based on my experience with the applicant, my recommendation to the CBESS Program is as follows:**

( ) Highly Recommend ( ) Recommend ( ) Recommend with Reservation ( ) Do Not Recommend

**Please describe why this student would benefit from the CBESS program.**

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**Please describe the commitment of the student and his/her family to academic success.**

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**Additional comments or information you’d like to share about this student.**

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**Please fax or mail this recommendation to:**

Raggio Research Center for STEM Education c/o CBESS

University of Nevada, Reno M/S 0432

Reno, Nevada 89557

Phone: (775) 682-7877

 Fax: (775) 327-2016

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# CBESS Teacher / Counselor Recommendation Form II

Please give this form to a current teacher or counselor at your school to complete.

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| --- | --- |
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| Current Grade Level: |  | High School: |  |
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| Teacher / Counselor’s Signature:  |  | Date: |  |
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| What content area do you teach? |  |

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**Please describe the commitment of the student and his/her family to academic success.**

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