



TEACHER RECOMMENDATION FORM #2

Student Applicant: Complete the top section below and give this form to **one of your current teachers**. Provide your teacher with a stamped envelope addressed to programs you are applying for. You must submit two teacher recommendations—one from your current language arts teacher (Recommendation Form #1) and another from any other current teacher (this form). Please provide a stamped envelope to your teacher to mail the recommendation back with. Recommendations should be mailed to Sacramento City Unified School District Enrollment Center, 5601 47th Avenue, Sacramento, CA 95824.

Teacher: Your student is applying to a specialty program at a SCUSD high school. Please give your best assessment of your student and their readiness for a rigorous, college preparatory program. Complete this form and send it to arrive no later than **Friday, January 10, 2020**.

Student name _____

First

Last

School now attending _____

Name of teacher completing this form: _____ Subject: _____

Criteria-based Specialty Programs (check up to two programs):

- C.K. McClatchy Humanities and International Studies Program (HISP)
- C.K. McClatchy Visual and Performing Arts (VAPA)
- John F. Kennedy Program in America and California Exploration (PACE)
- Rosemont Leadership and Enrichment through Academic Development (LEAD)
- West Campus High School

Please Rate	Excellent	Good	Fair	Needs Improvement
Written expression				
Intellectual curiosity				
Creativity				
Motivation to do well				
Contributes to class				
Mature social leader				
Solid work habits				
Reaction to setbacks				

Please provide additional comments or information about this student that may be helpful.