CLIFTON HIGH SCHOOL ACADEMIES
CAREER, STEM, AND
VISUAL AND PERFORMING ARTS

NAME_____ **ID #**_____

Teacher Recommendation Form

To complete the application process for the Clifton High School Academies, this form must be completed by one of the student's teachers from the current school year.

Teacher's Name: _____

Subject Area: _____

	Poor	Average	Above Average	Superior
Motivation				
Skill level				
Creativity of expression				
Concentration				
Maturity				

Any additional information or comments that may assist in this student being admitted into the Clifton High School Academies would be greatly appreciated. Recommendation letters may be attached to this form.