



Teacher Recommendation Form

***Please choose two current teachers of one of the following courses to complete your recommendation:
Arabic, Math, Science, Social Studies, or Language Arts.**

Recommendation For: (Please print clearly)

Student's Name: _____ Today's Date: _____

School student currently attends: _____ School District: _____

Grade level: _____

Teacher's Name: _____ Subject Area: _____

How long have you know the student? _____

Please assess the student's ability and performance in your class:

The Student	Always	Usually	Sometimes	Never	Not Applicable
is self-motivated.					
works independently.					
gets along with others.					
works well in group situations.					
follows through on assigned tasks.					
accepts constructive criticism from adults and peers.					
is able to transfer skills or knowledge to other tasks.					
is working academically at or above grade level.					
is self-disciplined.					
demonstrates age-appropriate behavior.					
has high academic potential.					
is always in attendance.					
shows respect for others.					

How does the student respond when faced with a failure or setback? Please be specific.



Mission: To produce responsible, proactive citizens and leaders guided by a firm understanding of the Quran who will achieve academic excellence in all subjects.

1. Has the student faced any personal or family problems that our school should be aware of?

Please explain.

2. Has the student been placed in any special programs (accelerated classes, resource/learning specialist, etc) or received any special learning accommodations or curriculum modifications (for example: extended time, oral testing, modified assignments, etc)? Please be specific.

3. We appreciate any comments you might have about this student's potential performance in an academically rigorous program.

Check one:

I recommend I do not recommend this student for admission to the Al-Furqan Quran Academy.

Teacher's signature: _____ Date: _____

Please place this recommendation form in a sealed envelope with your initials across the back seal.

Please send it to 4430 St. James Street. Detroit, MI 48210. Attention: Enrollment Office.

You may also fax the form to (313) 216-1984. Thank you for your assistance!