



La Paz Community School

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The Jungle Gym, 500 mtrs. Sur de la Ferreteria

Flamingo, Guanacaste, Costa Rica

TEACHER RECOMMENDATION FORM

* Parent: Your delivery of this form to a teacher or faculty member constitutes your permission for that person to release the information requested on this form. Please furnish the teacher with a stamped envelope addressed to La Paz Community School.

Name of Student Applicant: _____

La Paz Community School offers a rich and rigorous academic program that promotes inquiry and stirs a passion for learning. The School engages students in innovative and experiential course work that fosters relationships among students, community and environment.

La Paz Community School maintains a high standard of selection based on a student's academic potential, personal interests and talents, and desire to explore his/her natural and human communities. Recommendations from teachers and/or faculty advisors are just as important to us as transcripts and lists of extracurricular activities.

We hope that you will aid us in our student selection process by carefully evaluating this student. All information furnished will be kept confidential. Thank you for your time and effort.

Your name and Title: _____

Educational Institution: _____

Address: _____

Business Phone: _____ E-mail: _____

1) In what capacity and under what circumstances do you know the applicant?

2) How do you rate the applicant's performance in your classroom?

La Paz Community School, 500 mtrs. Sur de la Ferreteria, Flamingo, Guanacaste, Costa Rica – tel./fax: (506) 654-4532
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Offering experiential bilingual education to the culturally diverse youth of Guanacaste, Costa Rica

3) Please describe the applicant based on the categories listed below. Leave those blank that do not apply.

Self-motivation and the ability to work independently: _____

Participation, social skills and cooperative behavior: _____

Academic achievement: _____

Emotional stability: _____

English language proficiency: _____

Spanish language proficiency: _____

4) Has the student received special services/ accommodations/ modifications? _____

5) Additional comments: _____

Signature: _____ Date: _____