

Stream SA / SB / SX



KISHORE VAIGYANIK PRO TSAHAN YOJANA - 2016 – 17

TEACHER RECOMMENDATION FORM

Student's Seat No.:

Student's Name :

Name of the Teacher: _____

1. How long have you known the student and in what capacity

2. How does this student compare with other students you have known in your teaching career?

Ranking (please tick): Top 1% Top 5% but not top 1%

Top 25% but not top 5% Not in top 25%

3. Is the student an enthusiastic learner? Please comment on her/his attitude towards class work.

a. Proficiency of the student in oral as well as written English.

b. Understanding of the student in the subjects: Physics/Chemistry/Biology/Mathematics.

c. Interest in Science and Research.

d. Is the student an enthusiastic learner?

4. Please comment on the student's strengths and reiterate on points you have mentioned above, if needed.

5. What do you consider the student's principal weakness, if any? How do you think she/he can overcome it?

Name of the Teacher _____ Designation: _____

Address: _____

Date: _____

Place: _____

Signature of the Teacher: _____