



**Confidential Teacher Inventory**

**Professional and Technical High School Magnet Program**

Student Name:

Student ID:

Current School:

Current Grade:

Teacher:

Course:

**Student:** Print out four forms. Please fill in your teachers’ names on each form. Give one form each to English, Social Studies, Math and Science teachers.

**Teachers:** Your input is important in our decision making. You may scan in the recommendation form and email it to our Guidance Secretary. If you feel this form does not provide sufficient opportunity for you to communicate with us about your student, please email the PATHS Guidance Secretary at [Victoria.FunkSummers@osceolaschools.net](mailto:Victoria.FunkSummers@osceolaschools.net). Please call 407.518.5407 x 15112 with any questions.

Using a scale of 1 (lowest) to 5 (highest), please indicate your assessment of this student based on the following:

- Student is able to work independently with integrity and honesty, completing all assignments on time  
1                      2                      3                      4                      5
- Student participates in class and makes a positive contribution to the classroom community  
1                      2                      3                      4                      5
- Student collaborates with peers in a respectful manner, showing appreciation for others’ points of view  
1                      2                      3                      4                      5
- Student manages his/her time effectively, showing excellent organizational and study skills  
1                      2                      3                      4                      5
- Student advocates for himself/herself, asking questions for clarification or requesting extra help  
1                      2                      3                      4                      5

Total Score \_\_\_\_\_/25

Teacher Signature:

Date:

Additional Comments:

Thank you for your time!