



Teacher Recommendation Form

Name of Student: _____

Name of Teacher: _____

Character (please tick the appropriate box)	Excellent	Good	Average	Below Average
Overall Character				
Maturity				
Honesty				
Openness				
Ability to interact				
Responsibility				
Creativity				
Personal Motivation				
Academic Motivation				
English Language Conversation				
English Language (reading)				
English Language (writing)				

Please give short written comments on any possible special motivation and habits of the applicant:
 (in English language, please)

I certify that this report is true and to the best of my knowledge.

Stamp of School

 Date and signature of teacher

Please return this reference to student, or email to: info@lernerlebnis.com

Or send to: LernZ, 150 Bethells Road, RD1 Henderson 0781, New Zealand. (postage cost 0.75 €)