

# CAMERON BOYCE MEMORIAL SCHOLARSHIP

## Teacher and Administrator Recommendation Form

I waive my right under the Family Education Rights and Privacy Act of 1974 to right to read this recommendation letter once it is completed by a teacher or administrator. The law permits me to sign this waiver relinquishing the right to inspect letters of recommendation. My signature below constitutes this waiver.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's I.D. # \_\_\_\_\_ Date of Graduation \_\_\_\_\_

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### RATING AND STATEMENT CONCERNING:

Student's Name \_\_\_\_\_  
Last First Middle

|                                      | E | G | A | F | P | N |
|--------------------------------------|---|---|---|---|---|---|
| * Class Participation                |   |   |   |   |   |   |
| * Completion of assigned class work  |   |   |   |   |   |   |
| * Completion of assigned projects    |   |   |   |   |   |   |
| * Ability to work as part of a group |   |   |   |   |   |   |
| * Attendance                         |   |   |   |   |   |   |

**NOTE:** E=Excellent; G=Good; A=Average; F=Fair; P=Poor; N=No basis for evaluation.

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### COMMENTS FROM INDIVIDUAL MAKING THIS RECOMMENDATION

(Information should be factual, based upon personal knowledge/observation. Please use a separate sheet of paper to write your recommendation in 100 words or less. If additional space is required, use the back of that sheet.)

Name \_\_\_\_\_ Title \_\_\_\_\_

La Cuesta Campus or Office \_\_\_\_\_ Semesters with student \_\_\_\_\_

Subject(s) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_