



## TEACHER RECOMMENDATION FORM

This form must be sent directly to Cobb MS by the recommending teacher by March 1, 2021.

Mail this form to:

Cobb Middle School Science Magnet Program  
915 Hillcrest Street, Tallahassee, FL 32308

Email this form to:

[cobbmagnet@leonschools.net](mailto:cobbmagnet@leonschools.net)  
subject: Magnet Recommendation

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_

Please consider how this student compares to ALL grade-level peers.

|   | N/A                   | Below   | Average | Good    | Excellent | Outstanding |
|---|-----------------------|---------|---------|---------|-----------|-------------|
|   | No basis for judgment | Average | Top 50% | Top 25% | Top 10%   | Top 5%      |
| <b>Perseverance/Tenacity</b>  | 0                     | 1       | 2       | 3       | 4         | 5           |
| <b>Good/Positive Attitude</b>   | 0                     | 1       | 2       | 3       | 4         | 5           |
| <b>Ability to Work Collaboratively</b>  | 0                     | 1       | 2       | 3       | 4         | 5           |
| <b>Ability to Work Independently</b>  | 0                     | 1       | 2       | 3       | 4         | 5           |
| <b>Academic Motivation:</b> initiative, pride in work, willingness to go above and beyond | 0                     | 1       | 2       | 3       | 4         | 5           |
| <b>Homework Habits:</b> quality, timeliness, completion                                   | 0                     | 1       | 2       | 3       | 4         | 5           |

The magnet program is a **challenging, accelerated, and demanding academic program**. Students are expected to complete ALL nightly homework and long-term projects ON TIME and maintain at least a "B" average, in addition to participating in extracurricular activities. **Please keep this in mind when recommending students.**

Do you recommend this student for the Cobb Magnet Program?

Yes

No

With reservations

Please provide any further information that may help us make a well-informed decision.

\_\_\_\_\_  
\_\_\_\_\_

Teacher's Name \_\_\_\_\_ Signature \_\_\_\_\_

Subject Taught \_\_\_\_\_ School \_\_\_\_\_

For questions regarding this application, contact our magnet team at 850.488.3364 or [cobbmagnet@leonschools.net](mailto:cobbmagnet@leonschools.net).