

**Buffalo Arts Studio Teacher Recommendation
for Jump Start Scholarship**

Date _____

Name of Student _____

Name of Teacher _____ Are you an art teacher? Yes No

Name of School _____

Phone _____ Email _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. Student pays attention in class | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Student attends class regularly | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Student stays on task | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Student respects teachers and classmates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Student understands directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Student is creative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Student enjoys art | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Student can make a long term commitment to the program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Students parents are interested in the progress of the child | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Student should be accepted into the program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What are the students' advantages? _____
_____What are the students' challenges? _____
_____Please feel free to comment on the student and offer reasons as to whether you believe this student is acceptable
for the program _____

_____**PLEASE MAIL FORM TO:****Buffalo Arts Studio
Attn: Education Coordinator
2495 Main Street - Suite 500
Buffalo NY 14214****OR BY EMAIL TO:****education@buffaloartsstudio.org****QUESTIONS? 716.833.4450 x11**