



Maynard H. Jackson High School
Advanced Placement (AP) Teacher Recommendation Form

Subject Area: _____

Student Name: _____ Current Grade Level: _____

AP Course Requested:

Current Teacher's Name (*in same subject area*) _____

Current Class (*in same subject area*) _____ **Semester Grade** _____

Teachers: Please use this form to provide constructive feedback regarding this student's potential, abilities, and personal readiness to be successful in a high school AP course in your subject area.

On a scale of 0-3, please rate this student as follows:

0-Not Recommended 1-Some Reservations 2-Recommended 3-Highly Recommended

	Score	Comments
Motivation Initiative, Completion, Timeliness, Participation		
Maturity Time & Stress Management, Collaboration, Conduct, Self-advocacy, Teamwork, Good Listener		
Commitment Reliable, Interested/Enjoys Subject, Work Ethic		
Acceleration Manages Work Load, Advanced, Deep Thinker, Insightful, Problem Solver		
Conduct/Discipline On Time to Class, Leader, Makes Positive Contributions		
Overall Recommendation Will this student be successful taking AP coursework?		

Teacher Signature _____ **Date** _____

Please return completed form to the school's AP Coordinator or scan and email to
ygking@atlanta.k12.ga.us prior to course registration. Please visit
<http://maynardjacksonib.wix.com/apcourses> for the complete listing of MJHS AP Courses.