

## TEACHER RECOMMENDATION FORM

APPLICANT'S NAME: \_\_\_\_\_

(NOTE: This form must be completed by a Muslim teacher who taught you at your full-time Islamic school or home school and submitted with the application **by midnight, July 31, 2021.**

Directions to Teacher:

This student has applied to the **Women's Committee of Masjid As-Saffat Halimah Mujahid Scholarship Fund.** Please relate your responses specifically to the student's ability as observed by you in a classroom setting. Please rate the student on a scale from 1-5:

- 5 = Always Observed or Demonstrated
- 4 = Frequently Observed or Demonstrated
- 3 = Occasionally Observed or Demonstrated
- 2 = Seldom Observed or Demonstrated
- 1 = Unable to Observe

Engages in academic risk-taking behaviors    1 2 3 4 5  
(experimenting, researching, challenging).

Generates ideas or solutions to problems    1 2 3 4 5  
and questions.

Demonstrates an ability to work with    1 2 3 4 5  
commitment, both independently and as  
part of a group.

Demonstrates an ability to evaluate progress    1 2 3 4 5  
in accomplishing tasks.

How long have you known student? \_\_\_\_\_

Please comment on the student's potential for growth in a post secondary institution. (You may use reverse side or an additional sheet of paper and attach it to this sheet.)

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\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Subject/Grade