

THE LEE STRASBERG  THEATRE INSTITUTE

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**SUMMER INTENSIVE PROGRAM
TEACHER RECOMMENDATION FORM**

May 28, 2002–June 28, 2002

STUDENT

Please print your name in the space below.

Name _____

TEACHER/ADVISOR/COLLEAGUE

Please fill out the form below and return it to the above named student in a sealed envelope.

Name & relationship to student _____

Please circle the appropriate number

	Excellent	Good	Poor
Punctuality	3	2	1
Professionalism	3	2	1
Work Ethic	3	2	1
Discipline	3	2	1

Describe the student's strengths

How do you think this student would benefit from studying at The Lee Strasberg Theatre Institute?

Signature _____

Date _____