

## Teacher Recommendation 2009-2010 School Year

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please check all programs student is applying for:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Universal Rhythm          | <input type="checkbox"/> Precision Dance Team    | <input type="checkbox"/> Spirit             |
| <input type="checkbox"/> Yearbook                  | <input type="checkbox"/> Link Crew/TEAM Husky    | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Students Helping Students | <input type="checkbox"/> Safe School Ambassadors | <input type="checkbox"/> Japan Club         |
| <input type="checkbox"/> Other: _____              |  |   |

Teacher's Name: \_\_\_\_\_ Period: \_\_\_\_\_

You have been asked to complete this recommendation because the student is applying to one or more of the programs listed below. Please complete the recommendation with your honest opinions and place in Mr. Grivel's box in the staff workroom. Copies will be made and distributed to the appropriate programs. Thank you in advance for your help.

Please rate on a scale of 1-15, with 1 being low and 15 highest. A score of 13, 14, or 15 is earned by a truly exceptional individual.

	Poor	Fair	Average	Good	Excellent
	1 2 3	4 5 6	7 8 9	10 11 12	13 14 15
Attendance					
Positive Attitude					
Citizenship					
Acceptance of Responsibility					
Ability to work in a group setting					
Maturity					
Communication skills					
Reliability					
Decision making skills					
Involvement in school activities					
Respect toward others and their opinions					
Leadership ability					
Willingness to help/volunteer					
Self-directed/motivated					
Prompt at turning in assignments/meeting deadlines					

Additional Comments:

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_