Recommendation Form

School:											
Student Name:											
Recommending Teacher/Counselor/Evaluator/Other:											
-				an school cord, and			ator tha	-	-	ame clearly) elated to the student and who can evaluate the	
Relatio	Relationship to student:										
Please read the following descriptions in order to indicate your evaluation of the student based upon the rubric found on the reverse of this page. Fill in the circle at the appropriate place on the line that best describes the student. The information you provide is student information and is accessible to the student's parents. Ideally, we desire a person who works diligently, relates well to classmates and teachers, and shows initiative.											
Please fill in the circles below rating the student from 1 to 10, 1 being the lowest 10 being the highest. Please utilize the rubric on the reverse of this page.											
1. Responsibility – Willingness to accept delegated duties and follow directions.											
	Poor		Fair Good Excellent					ent			
	1 0	2 O	3 O	4 O	5 O	6 O	7 O	8 O	9 O	10 O	
		-	_	-	-	-	U	C	U	C C C C C C C C C C C C C C C C C C C	
2. Team Player- Cooperative, friendly, and flexible.											
	Poor		Fair			Good			Excell	ent	
	1	2			5	6	7	8	9	10	
	0	0	0	0	0	0	0	0	0	0	
3. Init	iative –	Recogni	izes wha	t needs t	o be de	one and o	does it v	without	being a	isked.	
	Poor		Fair			Good			Excellent		
	1	2	3	4	5	6	7	8	9	10	
	0	0	0	0	0	0	0	0	0	0	
Teache	er Recon	nmenda	ition (Ple	ease prov	ide any	y additior	nal infor	mation	regardi	ng the students that you feel is helpful):	