

Student Council Teacher Recommendation Form

Please have three (3) classroom teachers who know you fill out this form and submit it to Mrs. Malone by: **12PM on April 13, 2018.**

Applicant Information

Name (Print): _____ Discipline: _____

Position you are interested in:

Please check one.

_____ President _____ Vice President _____ Attorney General
_____ Treasurer _____ Secretary

Teacher Information

Teacher's Name: _____

Background Information

How long have you known this student?

Grade taught: _____

Summary Evaluation

What are the first words that come to mind to describe this student?

Please fill in the checklist on the back of the recommendation form.

Ratings

	Below Average	Average	Good (Above Average)	Excellent	Outstanding (Top 2-3%)	No Basis
Academic Achievement						
Creative, Original Thought						
Disciplined Work Habits						
Maturity						
Motivation						
Respect from Faculty						
Leadership						
Integrity						
Initiative, Independence						
Concern for others						
Self-Confidence						
Potential for Growth						

I recommend this candidate:

Without enthusiasm Fairly Strongly Strongly Enthusiastically

Teacher's Signature: _____

Date: _____