

Teacher Recommendation

Student name _____

Teacher name _____ Title _____

How long have you known this student? _____

Please rate the student based on their peers.

	Above Average	Average	Below Average	Unknown
Overall Academic Performance				
Demonstrated leadership skills				
Social Skills/Peer relations				
Communication skills				
Responsibility				
Ability to follow rules and accept consequences				
Attitude towards school work				
Study Skills/Habits				
On time to class and actively engaged in the lesson				

Other comments or information that will assist us in assessing this student's preparedness for job shadowing. _____

Teacher Signature _____

Date _____

Teachers: Please insert the completed student recommendation form in the envelope, seal, sign and return to the student.