TEACHER RECOMMENDATION FORM FOR STUDENT COUNCIL

Student Name _____ Period _____ Teacher Name _____

Teachers: Please rate the above student according to your observations of their behavior in and outside of your classroom.
5= highest recommendation, 1= lowest recommendation

Motivates others to follow positively	5	4	3	2	1
Has a good sense of judgment	5	4	3	2	1
Is enthusiastic	5	4	3	2	1
Is reliable and dependable	5	4	3	2	1
Takes initiative	5	4	3	2	1
Has self-discipline and directed tenacity	5	4	3	2	1
Meets deadlines	5	4	3	2	1
Respects authority	5	4	3	2	1
Is honest and displays personal integrity	5	4	3	2	1
Overall recommendation for ASB	5	4	3	2	1

Comments:

*** Teachers: Please return the recommendation to Chelsey Hutchinson. This form is confidential and will not be shared with the individual in which you are evaluating.**

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