TEACHER RECOMMENDATION FORM

Applicant's name:	
Position(s) Applied for:	
I waive the right to have access to this recommendation	n
-	APPLICANT SIGNATURE
This student is applying for a student leadership position within the 2024-2025 academic year. The position's primary responsibilities managerial skills. The responsibilities of these positions vary. Students and director as well as create a healthy, thriving communications are communicated to the students and director as well as create a healthy, thriving communicated to the students are considered to the students are consi	require a combination of interpersonal and dents may be asked to act as a liaison between
How long and in what capacity have you known the applicant?	
Please assess the applicant"s strength and weaknesses in relationship to	the characteristics below by using the following scale:
5- Excellent- superior knowledge or expertise;	
4- Above Average- strong knowledge or expertise;	
3- Average- seems to have some knowledge or expertise;	
2- Below Average- limited knowledge or expertise;	
1- Poor- no knowledge or expertise;	
Not Observed (N.O.)	

Characteristic or Quality	5	4	3	2	1	N.O.
Ability to handle stress appropriately						
Level of respect from peers						
Communication						
Grit/ Work ethic						
Perseverance						
Respect for others, including those who are different from them						
Self-awareness						
Ability to work independently						
Ability to work as part of a team						
Ability to involve and motivate others						
Takes initiative and follows through						

Teacher Name_____ Teacher signature____

Teachers- Please return this form to Mr. Dunham's box, or email it to him at kevin.dunham@cleburneschools.net, please do not show students their forms! Please plan to have completed forms to me by Friday 4/12/2024.