

Teacher Recommendation Form Student Council Association

Student Name: _____

Teacher's Name: _____

**Association with
Teacher:** _____

Teachers, please rate the above student on the give scale 1 (poor) to 5 (excellent). Please acknowledge those areas that apply to your class or your association with the student. Upon completion, please return the form to Mr. Duncan in room 501, Mr. Eversole in room 812 or place it in their boxes. The deadline for these materials is 4:00 Friday afternoon, April 8th (Student Body) and April 15th for Class Officers.

Attitude	1	2	3	4	5		NA
Motivation	1	2	3	4	5		NA
Self Discipline	1	2	3	4	5		NA
Academic Performance	1	2	3	4	5		NA
Communication							
Written	1	2	3	4	5		NA
Oral	1	2	3	4	5		NA
Interpersonal Skills	1	2	3	4	5		NA

Comments: _____

Teacher Signature:
