

Robotics CLUB Teacher Recommendation

Give this form to your last year's teacher to fill out.

Student Name: _____

2018-2019 Teacher: _____

Please place a checkmark in the box that best describes the student. When finished, please place the recommendation in Mrs. Jensen's box by Monday, September 9th.

	Needs adult help ALWAYS	Needs adult reminders SOMETIMES	Needs adult reminders OFTEN	Needs adult reminders RARELY
Responsibility				
On Task				
Following Directions				
Independence				
Cooperation/ Teamwork				
Problem Solving Skills				
Dependable				

Comments: _____
