

# Office Aide Recommendation Form

Teachers,

Please complete the below recommendation form for \_\_\_\_\_, and return it to the counseling center by \_\_\_\_\_. **Please do NOT hand the form back to the student.** These forms will be kept confidential; however please keep comments appropriate. Once again, thank you for your cooperation and input.

.....

I agree to allow my teacher to complete this recommendation form.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Date

**Please rate the student on the following: Poor**

**Superior**

Cooperation	①	②	③	④	⑤
Punctuality	①	②	③	④	⑤
Attentiveness	①	②	③	④	⑤
Attitude	①	②	③	④	⑤
Motivation	①	②	③	④	⑤
Attendance	①	②	③	④	⑤
Responsibility	①	②	③	④	⑤
Organization	①	②	③	④	⑤
Quality of work	①	②	③	④	⑤
Discipline	①	②	③	④	⑤

**Total out of 50**

**Comments:**

\_\_\_\_\_  
**Teacher Name Printed**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Subject**

# PJHW Office Aide Application

PLEASE PRINT

Name \_\_\_\_\_ ID# \_\_\_\_\_

Office preference:      Library      Asst. Principal      Principal      Attendance      Counselor

**ALL PORTIONS OF THIS APPLICATION MUST BE COMPLETED IN ORDER TO BE *CONSIDERED* FOR THE POSITION. FOLLOWING DIRECTIONS IS AN IMPORTANT CRITERION IN THE OFFICE AIDE SELECTION PROCESS. APPLICATIONS ARE DUE TO THE COUNSELING CENTER BY THE DATE POSTED ON THE COUNSELING WEBPAGE. *INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.***

I. Have each of your teachers fill out the following progress report or attach your most recent progress report/report card (you can print this from your SKYWARD gradebook):

Class	Current Grade	Conduct	Teacher Signature

II. Circle the following areas in which you feel you have strengths:

Punctuality                      Responsibility                      Organization  
Compliance                      Filing                      Alphabetizing  
Microsoft Excel                      Microsoft Word                      Skyward

**III. ESSAY\*:** HAND WRITE and attach an original essay explaining why you would be an asset to the office aide staff and what strengths you would bring to your assigned office.

**IV. TEACHER RECOMMENDATION:** Have 2 current teachers complete the recommendation forms for you. All recommendation forms must be completed and returned in order to be *considered* for the position.

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**Parents and Students:**

I understand that if I am selected for an office aide position, I am expected to fulfill the responsibilities and expectations set forth by my assigned office. This may include, but is not limited to, running errands, filing papers, creating documents, and making copies. I understand that my grade is *performance based*. This application serves as confirmation that I am willing and able to fulfill these expectations and requirements if I am chosen to be in the class. I also understand that if I violate these expectations, I may be removed from the course. \*\*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\* Your essay is due with your completed application on the date posted on the counseling center webpage.  
\*\* Due to limited space in the offices and the amount of responsibility students are given, staff members are chosen based on application, essay content and format, ability to follow directions, and teacher recommendations.

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.....

I agree to allow my teacher to complete this recommendation form.

\_\_\_\_\_  
Student name (please print)

\_\_\_\_\_  
Date

**Please rate the student on the following: Poor Superior**

Cooperation	①	②	③	④	⑤
Punctuality	①	②	③	④	⑤
Attentiveness	①	②	③	④	⑤
Attitude	①	②	③	④	⑤
Motivation	①	②	③	④	⑤
Attendance	①	②	③	④	⑤
Responsibility	①	②	③	④	⑤
Organization	①	②	③	④	⑤
Quality of work	①	②	③	④	⑤
Discipline	①	②	③	④	⑤

**Total out of 50**

**Comments:**

\_\_\_\_\_  
**Teacher Name Printed**

\_\_\_\_\_  
**Teacher Signature**

\_\_\_\_\_  
**Subject**