

Teacher Recommendation Form Student Council Candidate



Candidate's Name: _____

Dear Teachers,

Student Council needs motivated, dedicated members! We are counting on you to ensure that our new members are leaders in the classroom. Please rank this candidate according to the following criteria:

5 = Outstanding 4 = Excellent 3 = Good 2 = Fair 1 = Poor

Recommending Teacher #1 (must be a teacher you had last year)

Printed Name: _____

Teacher Signature: _____

Leadership

Models good attitude and behavior for other students	5	4	3	2	1
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Responsibility

On Time with supplies and work	5	4	3	2	1
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Respect

Polite; follows directions	5	4	3	2	1
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Peer Interactions

Works well with different types of students	5	4	3	2	1
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Initiative

Self-motivated; on task; hard worker	5	4	3	2	1
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You can return this form to the student or place it in my box.
Thank you for your support.

Nancy Janda