

WORK-BASED LEARNING RECOMMENDATION FORM

Student Name _____ Student # _____

Name of Person Completing Form (teacher or counselor) _____

Please recommend the above-named student for the Work-Based Learning Program based on the following:

- Students are required to work in the community and are released early from school to go to their job.
- Students receive elective credit for this program.
- When recommending a student for work-based learning, keep in mind that they must be good representatives of the school, be regular in attendance, and be academically sound in order to meet graduation requirements without difficulty.
- The student must be well organized and self-motivated to be successful in completing requirements for school and for their employer.
- They must be able to manage a very busy and demanding schedule while maintaining a positive attitude.

The following checklist is provided for those who know the student well enough to give an accurate assessment. I hope that it will provide a convenient method to describe the applicant in summary fashion. Your comments will be confidential. Please complete and return to Cindy Quinlan, Work-Based Learning Coordinator.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent – Top 10%
Responsibility					
Attitude					
Personal Initiative/Effort					
Leadership					
Attendance					
Punctuality					
Interaction with Others					
Personal Character					
Communication Skills					
Overall Work Ethic					

Comments:

Would you recommend this student for a work-based learning program? Yes _____ No _____

Administrator, Teacher or Counselor Signature _____ Date _____

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The Office of Internal Resolution
437 Old Peachtree Road, NW
Suwanee, Georgia 30024

