CHARLES COUNTY PUBLIC SCHOOLS

APPRENTICESHIP MARYLAND PROGRAM STAFF RECOMMENDATION FORM

STUDENT INSTRUCTIONS

Complete the student information section below and submit this request to two current or prior year staff members that know you well.

TEACHER/STAFF INSTRUCTIONS

The student listed below is applying for the CCPS Apprenticeship Maryland Program and would like your recommendation. Please complete the recommendation section below and return this form to the student as soon as possible. This form is needed to process the student's application.

STUDENT INFORMATION

STUDENT NAME (LAST, FIRST): _____ COUNSELOR: _____

POSITION(S) APPLYING FOR: _____

_____

RECOMMENDATION

TEACHER NAME: _____ COURSE STUDENT OBSERVED IN: _____

CHARACTERISTIC	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Attendance/Punctuality			
Organization			
Initiative/Motivation/Work Ethic			
Reliability			
Attitude/Cooperation			
Ability to work independently			
Ability to work with others			
Willingness to follow instructions			
Integrity and character			

COMMENTS: _____

_____

_____

_____

_____

STAFF SIGNATURE: _____ DATE: _____