# Teacher Recommendation Form

**Student Name:** ____________________________  **Grade:** _____

**Student Direction:** Please give this form to a current teacher you trust will honestly reflect on your behaviors. The teacher will submit it to the ASB Advisor. Please allow the teacher plenty of time to reflect on you as a leader.

**Teacher Direction:** Please mark an ‘X’ in the appropriate box below, sign and seal this recommendation form. Place it in the ASB Advisor mailbox or submit it to her, personally, in room 110. Please be reflective and honest in your evaluation, we will consider your evaluation very seriously.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Consistently</th>
<th>Regularly</th>
<th>Sometimes</th>
<th>Hardly Ever</th>
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<tbody>
<tr>
<td>This student works well collaboratively and independently.</td>
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<td>I can trust this student to remain on task and focused.</td>
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<td>I have seen this student take on active leadership position.</td>
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<td>I have witnessed this student effectively communicating.</td>
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<td>This student is responsible.</td>
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<td>This Student is open-minded and an active listener.</td>
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<td>The student is respectful.</td>
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1. How has this student shown dedication and integrity throughout their everyday environment in and out of the classroom?

2. What struggles has this student gone through, academically or personally, and how have they overcome it?

3. What characteristics has this student displayed that reflect leadership and positivity?

Teacher’s Signature: ____________________________________________