B-4: Teacher recommendation form for ASB candidates-Denise Van Doorn **TEACHER RECOMMENDATION FOR ASB APPLICANT**

Name of Student:	Current grade level:										
Name of teacher:	Subject:										
Directions to student: Give a recommendation teachers. Ask them to complete and return to the TUESDAY APRIL 27TH, 3:00 P.M. (This portion points).	on f Virs	orm . Va	n to an I	two Doc	o of orn'	yo s b	ur d ox l	curi by	ent	t	
RATE THIS STUDENT BY CIRCLING THIS S	CA	LE	OF	- 1	- 10) (L	.OV	v T	O F	HIGH)	
1. SERVICE TO OTHERS -likes to help	1	2	3	4	5	6	7	8	9	10	
2. DEDICATION & ENERGY	1	2	3	4	5	6	7	8	9	10	
3. RELIABILITY Ability to miss class time & stay on top of we		2	3	4	5	6	7	8	9	10	
4. HONESTY-INTEGRITY	1	2	3	4	5	6	7	8	9	10	
5. LEADERSHIP QUALITIES Initiates- has creative ideas	1	2	3	4	5	6	7	8	9	10	
6. ABILITY TO GET ALONG w/OTHERS	1	2	3	4	5	6	7	8	9	10	
7. POSITIVE ROLE MODEL	1	2	3	4	5	6	7	8	9	10	
8. POSITIVE ATTITUDE	1	2	3	4	5	6	7	8	9	10	
9. WORKS WELL WITHOUT ADULT	1	2	3	4	5	6	7	8	9	10	
10. OVERALL RECOMMENDATION	1	2	3	4	5	6	7	8	9	10	

HONEST CONFIDENTIAL COMMENTS:							
	_ 						
Teacher's signature	_						
Return to Mrs. Van Doorn's box by 3:00 PM TUESDAY APRIL 27 TH , 2010!							