

Teacher Recommendation

Student Name: _____
(please print)

Partnership course applying for: _____

To the teacher: This student has expressed an interest in participating in one of our internships programs. Please respond to the following items by marking **O** (outstanding), **S** (satisfactory) or **U** (unsatisfactory).

I. Academics

- ___ 1. Understands, communicates, reads, and writes at a consistently high level.
- ___ 2. Grade average in this class is: _____

II. Work Ethic

- ___ 1. Consistent high quality work
- ___ 2. Consistently well prepared
- ___ 3. Excellent comprehension
- ___ 4. Actively engaged in class
- ___ 5. Makes positive contribution
- ___ 6. Accepts individual responsibility

III. Motivation

- ___ 1. Demonstrates high level of enthusiasm and desire to learn
- ___ 2. Demonstrates initiative
- ___ 3. Attends class regularly

IV. Classroom Behavior

- ___ 1. Mature
- ___ 2. Positive attitude
- ___ 3. Responds well to constructive criticism
- ___ 4. Courteous

Teacher Name: _____
(please print)

Teacher Signature: _____

Additional comments:

Please return this completed partnership teacher recommendation form to the contact teacher for the partnership course.