



Next Generation Workforce Development Summer Mentoring Program Guidance Recommendation

The following student has requested participation in the summer mentoring program. Please complete, sign and return this form to Leanne Sidney as soon as possible. All information will be kept strictly confidential.

Student Name:	
Program Area:	
Guidance Counselor:	

	Excellent	Good	Average	Fair	Needs Help
Motivation					
Attitude					
Self-Control					
Dependability					
Honesty					
Leadership					
Initiative					
Poise					
Grooming					
Knowledge of Subject					
Willingness to follow directions					
Willingness to learn					
Ability to accept criticism					
Maturity					
Attendance					

Does this student have any special talents?	Other Comments:
What are the student's strengths?	
What are the student's weaknesses?	IEP YES <input type="checkbox"/> NO <input type="checkbox"/>
Attendance Record: Days Absent Days Tardy	Grade or GPA
10: _____	10: _____
11: _____	11: _____
12: _____	12: _____

GACTC Counselor Signature: _____ Date: _____