



Next Generation Workforce Development Summer Mentoring Program Teacher Recommendation

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

Student Name:	
Program Area:	
Instructor Name:	

	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?	
What are the student's strengths?	
What are the student's weaknesses?	
What is the student's current grade?	
Additional Teacher Comments:	

I would would not recommend this student for a summer mentoring position.

Teacher Signature: _____ Date: _____