

# Teacher Recommendation Form Student Council Candidate

**Candidate's Name:** \_\_\_\_\_

Dear Teachers, the Student Council needs motivated, dedicated members! We are counting on you to ensure that our new members are leaders in the classroom.

Please rank this candidate according to the following criteria:

**5 = Outstanding    4 = Excellent    3 = Good    2 = Fair    1 = Poor**

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**Recommending Teacher** (can be a teacher you have now or from last year)

**Printed Name:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Leadership**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Models good attitude and behavior for other students | 5 | 4 | 3 | 2 | 1 |
|--|---|---|---|---|---|

**Responsibility**

|                                |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|
| On Time with supplies and work | 5 | 4 | 3 | 2 | 1 |
|--------------------------------|---|---|---|---|---|

**Respect**

|                            |   |   |   |   |   |
|----------------------------|---|---|---|---|---|
| Polite; follows directions | 5 | 4 | 3 | 2 | 1 |
|----------------------------|---|---|---|---|---|

**Peer Interactions**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Works well with different types of students | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|

**Initiative**

|                                      |   |   |   |   |   |
|--------------------------------------|---|---|---|---|---|
| Self-motivated; on task; hard worker | 5 | 4 | 3 | 2 | 1 |
|--------------------------------------|---|---|---|---|---|

Any additional comments \_\_\_\_\_

Please **return** this form to **my box**. Thank you for your support.

Amanda Jackson, Student Council