

TEACHER RECOMMENDATION FORM

OFF CAMPUS EDUCATION

STUDENT AND EMPLOYER INFORMATION	
Student Name	Grade
Teacher Name	Courses Taught to Student
School Off Campus Teacher	Please Return Form to School Off Campus Teacher By

The following student has applied to the Off Campus Education Program. Since off campus education has an extensive out of school component, this student will represent the school in the community. Many factors other than grades must be considered in order to select capable students who may benefit from the program. Having previously taught this student, you are in a position to help make an informed decision in this case. Please be candid.

RATING SCALE
Please rate the student by circling the number that best describes the student's performance.
5 – Excellent 4 – Very Good 3 – Satisfactory 2 – Needs Improvement 1 - Unsatisfactory

PUNCTUALITY AND ATTENDANCE						
Punctuality – arrives for on time	5	4	3	2	1	N/A
Attendance – is present when expected	5	4	3	2	1	N/A

PERSONAL QUALITIES AND WORK HABITS						
Cooperation – demonstrates ability to work with others	5	4	3	2	1	N/A
Independence – demonstrates ability to complete tasks on one's own	5	4	3	2	1	N/A
Leadership – exhibits capacity to be resourceful and inspire others to act	5	4	3	2	1	N/A
Coachability – demonstrates willingness to accept suggestions for improvement	5	4	3	2	1	N/A
Articulation – communicates ideas clearly and appropriately	5	4	3	2	1	N/A
Reliability – performs dependably	5	4	3	2	1	N/A
Initiative – exhibits eagerness to learn	5	4	3	2	1	N/A
Appearance – exhibits appropriate grooming and attire	5	4	3	2	1	N/A
Composure – demonstrates appropriate conduct and exhibits self-control	5	4	3	2	1	N/A
Fidelity – demonstrates integrity, responsibility and trustworthiness	5	4	3	2	1	N/A
Work Ethic – focuses on duties consistently and conscientiously	5	4	3	2	1	N/A
Time Management – uses time effectively and demonstrates ability to prioritize tasks	5	4	3	2	1	N/A

RECOMMENDATION		
Is this student an excellent candidate who would benefit from the Off Campus Education Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you were an employer, would you want this student working for you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can this student favourably represent the school on the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments		

Thank you for completing this recommendation form. Your feedback is valuable to the placement of this student.

DECLARATION	This recommendation is fair and accurate.
School Off Campus Teacher Signature	Date

