UNION CITY YOUTH COUNCIL
TEACHER RECOMMENDATION FORM

Student's Name: _____

Teacher's Name: _____

Teacher's Email: _____

Teachers Subject/Grade Level:

Please circle a number 1 through 5 for the following:

Please rate the student on the following qualities using the scale provided. For each question, select the number that best reflects the student's performance or behavior.	1	2	3	4	5
Scale:					
1: Very low 2: Low 3: Average 4: High 5: Very high	1	2	3	4	5
How would you rate the student's ability to work collaboratively with peers? How would you rate the student's overall enthusiasm for participating in school activities? How would you rate the student's ability to contribute positively to group discussions? How would you rate the student's dedication to achieving their personal goals? How would you rate the student's responsibility in completing assignments and tasks on time? How would you rate the student's ability to demonstrate respect and understanding towards others?	1	2	3	4	5

Statement Question:
*Please describe the student's strengths and areas for improvement based on their involvement in classroom activities and interactions with peers. How do these attributes contribute to their potential for success in the Union City Youth Council?

_____

_____

_____

Teacher's Signature: _____

Date: _____