



# Student Recommendation Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle one.	Poor				Average				Excellent		
1. Initiative:	1	2	3	4	5	6	7	8	9	10	
2. Integrity:	1	2	3	4	5	6	7	8	9	10	
3. Creativity:	1	2	3	4	5	6	7	8	9	10	
4. Loyalty:	1	2	3	4	5	6	7	8	9	10	
5. Responsibility:	1	2	3	4	5	6	7	8	9	10	
6. Appearance:	1	2	3	4	5	6	7	8	9	10	
7. Professionalism:	1	2	3	4	5	6	7	8	9	10	
8. Dexterity:	1	2	3	4	5	6	7	8	9	10	

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Telephone Number: \_\_\_\_\_ Extension: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Years Known: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing This Form Date