

## **Student Recommendation Form**

Student Name: Da							te:			Excellent	
Please circle one. Poor Average											
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	
<ol><li>Responsibility:</li></ol>	1	2	3	4	5	6	7	8	9	10	
<ol><li>Appearance:</li></ol>	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	
Your Name: Position:  Company Name:											
Address: City										Zip Code	
Telephone Number:							Extension:				
Relationship to Student:							Years Known:				
							-	-			
Signature of Person Completing This Form								Date			

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