



Please return this document to my counsellor by email: _____

District / Authority Awards Application

Teacher/Community Statement of Recommendation

Thank you for completing the Teacher/Community Statement of Recommendation regarding the student named below. Information on this reference will be used to determine candidates for the District /Authority Award. Quality response to the general comments section is also important.

Student Name: _____ **Specialty Area:** _____

Teacher: _____ **Class:** _____

School: _____

| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Attendance/Punctuality: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |
| Work Ethic: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |
| Attitude: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |
| Ability in Specialty Area: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |
| Initiative/Motivation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |
| Interpersonal Skills/Citizenship: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | _____ | | | | |

General Comments:

Teacher/Community Signature: _____ Date: _____