

Atholton High School  
Student Leadership Cadre Application  
Teacher Recommendation Form  
2017 - 2018

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

Teacher Name: \_\_\_\_\_

To the Teacher:

Please check the appropriate boxes for this applicant as compared to all of the students with whom you have worked:

	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Self-Motivation				
Character/Integrity				
Leadership Skills				
Communication Skills				
Ability to Work with Others				

Feel free to add any additional comments about the applicant below:

Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please return this form directly to Ms. Nasir by 3:30pm, Monday, June 12, 2017.\*\***