Student Aide Teacher Recommendation Form

_____ _____

Student Name Team/Teacher Name

Please rate this student with regard to the following academic categories – 5 being very high; 1 being low (circle one). If you wish, for each category, give a brief explanation or example of why you gave this rating. Please return this form to one of the counselors. Your thoughtful and honest answers will be appreciated.

Organization	1	2	3	4	5
Desire/Motivation to Please	1	2	3	4	5
Ability to Complete Assignments	1	2	3	4	5
Following Directions	1	2	3	4	5
Dependability	1	2	3	4	5
Attendance	1	2	3	4	5

Is this student a good candidate for Student Aide? Feel free to provide additional comments below.

1	**2**	**3**	**4**	**5**
(absolutely not!)		(yes, but with hesitation)		(absolutely!)