

Youth Council Sugar Hill

Teacher Recommendation Form

Student's Name: _____

Teacher's Name: _____

Teacher's E-mail: _____

Please circle a number 1 through 5 for each question.

1	2	3	4	5
Disagree	Slightly Disagree	No Opinion	Agree	Strongly Agree

This student works well with peers **1** **2** **3** **4** **5**

**This student is dependable without
the need for reminders** **1** **2** **3** **4** **5**

This student is trustworthy **1** **2** **3** **4** **5**

**I recommend this student to
Youth Council** **1** **2** **3** **4** **5**

Additional comments (optional):

Teacher Signature: _____