

# Leesburg High School Athletic Training Program

## Teacher Recommendation Form

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

Grade: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

### Please rate the student on each of the following areas of personal competence:

(Please check the appropriate box)

	Above Average	Average	Below Average	N/A
Attends Class on a regular basis:				
Is on time to class:				
Completes class assignments on time:				
Displays school pride:				
Respects school environment				
Respects faculty and staff:				
Shows positive attitude in class:				
Gets along well with others:				
Demonstrates eagerness to learn:				
Ability to make and keep commitments:				
Assumes responsibility:				
Is motivated to achieve:				
Has a good work ethic:				
Demonstrates initiative:				
Demonstrates leadership:				

### Please check one:

I ( ) highly recommend ( ) recommend ( ) recommend with reservations ( ) do not recommend this student for the CHS Athletic Training Program.

### Teacher's Statement:

Special consideration should be given to this student because:

Signature: \_\_\_\_\_

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

**TEACHERS: Place form in envelope. Once sealed, sign over the seal to ensure confidentiality. Thank you.**