

Teacher Reference Form
(Program area teacher)

Student Name: _____ **Grade:** _____
 Last Name *First Name*

This student has applied for a seat in the _____ Program.
 Please help by providing frank comments about this student. This will aid in the selection of appropriate candidates for this program.

Please check the following traits as:	Excellent	Good	Satisfactory	Needs Improvement
1. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Accuracy / ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Enthusiasm and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adaptable - adjusts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows through on assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Shows motivation to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Can work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has positive attitude towards work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Makes changes as a result of constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Could this student be counted on to represent the District favourably in a college setting?				
	Yes <input type="checkbox"/>	Possibly <input type="checkbox"/>	No <input type="checkbox"/>	
14. Do you feel this student has a sincere interest in this District Partnership Program?				
	Yes <input type="checkbox"/>	Possibly <input type="checkbox"/>	No <input type="checkbox"/>	

Teacher Name
(Please Print): _____

Course Taught: _____

Please make a personal comment(s) about this student:

Signature: _____ **Date:** _____