

**WDIY's SPRING 2018 YOUTH MEDIA PROGRAM  
TEACHER RECOMMENDATION FORM**

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

Teacher's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Your opinion is very important to us as we consider prospective students for our program. Please evaluate the student according to the following scale:

- Scale
- 5 Among the very best students I have known
  - 4 Excellent
  - 3 Above average
  - 2 Average
  - 1 Poor
  - 0 Not sure / not applicable

Please circle the appropriate number below that most accurately reflects your opinion of the student:

Dependability	5	4	3	2	1	0
Initiative	5	4	3	2	1	0
Creativity	5	4	3	2	1	0
Verbal Expression	5	4	3	2	1	0
Written Expression	5	4	3	2	1	0
Honesty	5	4	3	2	1	0
Punctuality	5	4	3	2	1	0
Dedication	5	4	3	2	1	0
Intellectual Curiosity	5	4	3	2	1	0
Working Independently	5	4	3	2	1	0
Working as Part of a Team	5	4	3	2	1	0

Please feel free to include any additional comments or concerns that you believe are relevant to our consideration of this student on the reverse side of the page.

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_