

WASD LOCAL SCHOLARSHIP TEACHER RECOMMENDATION FORM

Student Name _____

Date _____

Teacher Name _____

Subject _____

Our student would like to be considered for one or more scholarships offered to our high school seniors. Please complete the following to the best of your ability and with accuracy. The student **will not have access** to the information on this form, and it will not be included in the student's permanent record.

Please check the single most appropriate box for each trait:

	No Basis for Judgment	Average	Excellent	Outstanding
Ability to Keep Commitments / Meet Deadlines				
Acts Responsibly				
Adaptability				
Compassionate				
Exhibits Empathy				
Goal Oriented				
Initiative				
Integrity				
Leadership / Influence Potential				
Potential for Growth				
Resilience				
Respectfulness				

What are the first three words that come to mind to describe this student?

Optional Comments: Is there anything you wish to share about this student (e.g. personal circumstances, unusual accomplishments, obstacles overcome, special talents)?