

**West Linn High School
Teacher Recommendation Form
2024-2025**

This is the ASB application of _____

Teacher Name: _____

Thank you for taking the time to fill out this form. Your opinion is invaluable to us. You will be evaluating this student's character and leadership skills. Please rate the student to the best of your ability and return this form to my mailbox. Ms. Williams - do not give it back to student!

QUESTION	1	2	3	4	5
How would you rate this individual's overall success as a student- <i>(1 Not Successful to 5 Extremely Successful)</i>					
How would you rate this student's leadership ability- are they an active leader in your class? <i>(1 Not Observed to 5 Exceptional)</i>					
How would you rate this student's ability to manage or resolve conflicts? Are they respectful? <i>(1 Not Observed to 5 Excellent)</i>					
How would you rate this student's attendance and staying in class? Are they a role model? <i>(1 Not Observed to 5 Excellent)</i>					
How would you rate this student's organizational skills? <i>(1 Not Observed to 5 Excellent)</i>					
How would you rate this student's School Spirit? <i>(1 not observed to 5 excellent)</i>					
Do you recommend this student for ASB <i>(1 Not at All to 5 100% Yes)</i>					

Comments: _____

Teacher Signature: _____ Date: _____