

ADMINISTRATOR/TEACHER/COUNSELOR RECOMMENDATION FORM

 CO-OP
 APPRENTICESHIP
 INTERNSHIP

Student Name _____ Grade _____ Name of Person completing this form _____

We are asking you to recommend the above-named student for a Work-Based Learning Program based on the following:

- Students are required to work in the community and are released early from school to go to their job.
- Students receive elective credit for this program.
- When recommending a student for work-based learning, keep in mind that they must be good representatives of the school, be regular in attendance, and be academically sound in order to meet graduation requirements without difficulty.
- The student must be well organized and self-motivated to be successful in completing requirements for school and for their employer.
- They must be able to manage a very busy and demanding schedule while maintaining a positive attitude.

The following checklist is provided for those who know the student well enough to give an accurate assessment. I hope that it will provide a convenient method to describe the applicant in summary fashion. Your comments will be confidential. Please complete and return to the Work-Based Learning Coordinator in a sealed envelope.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent – Top 10%
Responsibility					
Attitude					
Personal Initiative/Effort					
Leadership					
Attendance					
Punctuality					
Interaction with Others					
Personal Character					
Communication Skills					
Overall Work Ethic					

Comments:

It is the policy of the Gwinnett County School System not to discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program, or any other program, activity or service. If you wish to request an accommodation or modification or to make a complaint due to discrimination in any program, activity or service, contact:
 The Office of Internal Resolution
 437 Old Peachtree Road, NW
 Suwanee, GA 30024

Would you recommend this student for a work-based learning program?
 Yes _____ No _____

Administrator, Teacher or Counselor Signature _____ **Date** _____

Return this form to Ms. Deas, Room 169 or place in teacher's mailbox.



*Work-Based Learning, Gwinnett
2008-09*