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| **Student Instructions:** |

Complete the student information section below and submit this request to your teacher of related instruction.

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| **Teacher Instructions:** |

The student listed below is applying for the HCPS Apprenticeship Maryland Program and would like your recommendation. Please complete the recommendation section below and return this form to the Apprenticeship and Workforce Development Teacher Specialist as soon as possible. This form is needed to process the student’s application.

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| **Student Information:** |

Student (Last, First): Counselor Name: \_\_\_\_\_\_\_\_\_\_

Position(s) Applying For:

|  |
| --- |
| **Recommendation:** |

Teacher: Course Observed In: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristic** | **Above Average** | **Average** | **Below Average** |
| Attendance/Punctuality |  |  |  |
| Organization |  |  |  |
| Initiative/Motivation/Work Ethic |  |  |  |
| Reliability |  |  |  |
| Attitude/Cooperation |  |  |  |
| Ability to Work Independently |  |  |  |
| Ability to Work with Others |  |  |  |
| Integrity and Character |  |  |  |

Teacher Signature Date:

Comments: