

Appendix C  
Teacher Recommendation  
CVHS Color Guard Application

**To the Applicant**

Fill in the information below and give this form and an envelope, addressed to Mr. Mathew Schick, to a teacher who can speak about your character. (Please Print)

Student Name: \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**To the Teacher**

Please submit your reference promptly. We are grateful for your assistance. Be sure to sign at the bottom. Thank you for your time. (Please print or type)

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

School: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Information**

How long have you known this student and in what context?

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

**Evaluation**

Please speak briefly about the applicant's appropriateness for a position on Color Guard. Consider integrity, ability to work with others, self-esteem, creativity, responsibility, time management skills, motivation, and attitude.

**Ratings**

Please rate the applicant on the following criteria.

	<b>below average</b>	<b>average</b>	<b>good</b>	<b>very good</b>	<b>excellent</b>	<b>outstanding</b>
Motivation	1	2	3	4	5	6
Self-confidence	1	2	3	4	5	6
Independence	1	2	3	4	5	6
Reliability	1	2	3	4	5	6
Disciplined Work Habits	1	2	3	4	5	6
Potential for Growth	1	2	3	4	5	6