

Teacher Recommendation Student Council Candidacy

Candidate's Name _____

Grade _____ Student Number _____

Seeking the office of _____

Teacher _____ Teacher Initials _____

Candidate: Please give a form to 3 of your CURRENT teachers to complete. Your teachers will return their completed form to me by 1pm Friday, 9/4.

Attention Freshmen!! DO NOT return to RRMS to have your former teachers complete this form.

Teachers: Please rate the student based on their performance, behavior, and character displayed in your class.

5: Highest to 1: Lowest

Behavior	
Academic Potential	
Time Management	
School Pride	
Community Involvement/Extracurricular Activities	

Additional Comments:
