Union City Youth Council

Teacher Recommendation Form

Student's Name:_____

Teacher's Name: _____

Teacher's E-mail:_____

Please circle a number 1 through 5 for each question.

1	2	3	4	5
Disagree	Slightly Disagree	No Opinion	Agree	Strongly Agree

This student works well with peers	1	2	3	4	5
This student is dependable without the need for reminders	1	2	3	4	5
This student is trustworthy	1	2	3	4	5
I highly recommend this student to be a part of the Youth Council	1	2	3	4	5

Additional comments (optional):

_____

_____

Teacher Signature:_____