Student's Name: _____

Teacher's Name: _____

School: _____

TAKE STOCK IN CHILDREN
TEACHER RECOMMENDATION FORM

Please consider the student's skills and aptitudes and rate them relative to your experiences with him/her by circling the appropriate word.

Academic Motivation	Average	Good	Excellent	Outstanding
Leadership	Average	Good	Excellent	Outstanding
Self-Confidence	Average	Good	Excellent	Outstanding
Warmth of Personality	Average	Good	Excellent	Outstanding
Sense of Humor	Average	Good	Excellent	Outstanding
Concern for Others	Average	Good	Excellent	Outstanding
Energy	Average	Good	Excellent	Outstanding
Emotional Maturity	Average	Good	Excellent	Outstanding
Personal Initiative	Average	Good	Excellent	Outstanding
Reaction to Setbacks	Average	Good	Excellent	Outstanding
Respected by Faculty	Average	Good	Excellent	Outstanding

Why do you feel this student would be a good candidate for the Take Stock in Children program? (use additional pages if necessary)

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Signature of Recommending Teacher Date