



Student Recommendation Form – School Personnel

To accompany Youth Apprenticeship application



Student Name _____ Grade _____

The student named above is applying for a/an _____ Youth Apprenticeship Program. The following checklist is provided for those who know this student well enough to provide an accurate assessment of him/her. We hope that it will provide a convenient method to describe the candidate in summary fashion. If you are a relative of this student, please do not complete a recommendation unless you have observed/supervised the student in a paid work setting.

	NO BASIS FOR JUDGMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT (TOP 10%)
Academic Performance/ Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you hire this student to work for you? Yes No Maybe

Please provide specific examples of outstanding performance by this student applicant. Other comments that indicate your estimation of this student’s qualifications for this program would be appreciated.

Name _____ Relationship to Applicant _____

Signature _____

Position/Subject Taught or Organization/Business Represented _____

Date _____

PLEASE RETURN TO: _____



Student Recommendation Form – Community Member

To accompany Youth Apprenticeship application



Student Name _____ Grade _____

The student named above is applying for a/an _____ Youth Apprenticeship Program. The following checklist is provided for those who know this student well enough to provide an accurate assessment of him/her. We hope that it will provide a convenient method to describe the candidate in summary fashion. If you are a relative of this student, please do not complete a recommendation unless you have observed/supervised the student in a paid work setting.

	NO BASIS FOR JUDGMENT	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT (TOP 10%)
Academic Performance/ Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you hire this student to work for you? Yes No Maybe

Please provide specific examples of outstanding performance by this student applicant. Other comments that indicate your estimation of this student's qualifications for this program would be appreciated.

Name _____ Relationship to Applicant _____

Signature _____

Position/Subject Taught or
Organization/Business Represented _____

Date _____

PLEASE RETURN TO: _____



Student Recommendation Form – School Counselor

To accompany Youth Apprenticeship application



Student Name _____ Grade _____

The student named above is applying for a/an _____ Youth Apprenticeship Program. In order to successfully evaluate this student's potential, we would like you to complete this form and return to the person listed below

	Score	3	2	1	0
School Attendance (based on past 2 years)		-No unexcused absences -Less than 3 absences -Not more than 5 tardies	-No unexcused absences -Less than 10 absences -Not more than 10 tardies	-1 or more unexcused absences -More than 10 absences -More than 10 tardies	-Excessive absences and/or tardies
Grades		-Honor Roll Student GPA =	-All passing grades GPA =	More than 1 "F" or incomplete GPA =	-Not on schedule to graduate
Student preparation for chosen career area		-Has strong background of classes -Completed 2 or more classes related to program	-Has basic skills needed for program -Has more than 1 class related to program	-Has at least 1 class related to program OR -Is enrolled in related coursework for upcoming year	-No classes or background related to program
Motivation/Dedication		-Has a career goal -Genuine interest in program area	-Has career goals -Solid interest in program area	-Has interest in jobs making \$\$ not related to career goals	-No career goals -Looking for a way to get out of school
Total Points					

Please provide any further explanation of the above ratings that you feel would be helpful for us to know in evaluating the student for participation in this program:

Does this student have an IEP? Yes No

Would you recommend this student for participation in the Youth Apprenticeship Program? Yes No

Signature

Date

PLEASE RETURN TO: _____