**Sipsey Valley Middle School**

**SGA Teacher Recommendation**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the candidate on the following skills and return to Mrs. Brandi Hall or Ms. Karen Daffron. **Do not return the recommendation to the student.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Exceptional** | **Average** | **Poor** |
| Attitude |  |  |  |
| Ability to follow through on jobs/assignments |  |  |  |
| Attendance/punctuality |  |  |  |
| Pays attention in class |  |  |  |
| Ability to work well with others |  |  |  |
| Ability to communicate effectively with peers |  |  |  |
| Ability to communicate with teachers/administrators |  |  |  |
| Shows initiative |  |  |  |
| Completes work |  |  |  |
| Ability to delegate authority in group settings |  |  |  |
| Ability to stick to a commitment |  |  |  |

\_\_\_\_\_\_\_ I would recommend this student as an SGA representative.

\_\_\_\_\_\_\_ I would not recommend this student as an SGA representative.

Additional Comments:

Teacher Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_