**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_