NHS National Honor Society 2016

Teacher Recommendation Form FORM #1: CORE TEACHER

Student Name:							
Teacher Name:	Course:						
	When do/did	When do/did you teach this student?					
Please circle the number that best re	presents the above stu	ıdent's cl	ıaracte	er and	abilitie	es.	
Rank 1 as the lowest and 5 as the hig	ghest.						
1. Does the student follow direction	ons?	1	2	3	4	5	
2. How well does this student into	2. How well does this student interact with others?		2	3	4	5	
3. Is the student capable of balance and academics?	ring NHS duties	1	2	3	4	5	
4. Is the student respectful?		1	2	3	4	5	
5. Is the student a hard worker?		1	2	3	4	5	
6. Do you recommend this studen	t for NHS?	1	2	3	4	5	
Please provide any additional inform here. Please be completely honest in	•		are ab	out thi	s stude	ent	
Teacher's Signature						_	

Attention Teachers: Please do not give this form back to the student! The form will not be accepted from the student. Please turn this form in to Mrs. Gray by Friday, October 28th one of the following ways:

- Bring it to Gray in Room 108.
- Turn it in to the front office at NHS or place it in Gray's box at Northside.

If you have any questions, please email Mrs. Gray at Gray.Jennifer.J@muscogee.k12.ga.us.

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Teacher Recommendation Form FORM #2: ELECTIVE TEACHER

Studer	nt Name:					
Teacher Name:		urse:				
	W	When do/did you teach this student?				
	e circle the number that best represents the 1 as the lowest and 5 as the highest.	e above student's c	haracto	er and	abilitie	s.
1.	Does the student follow directions?	1	2	3	4	5
2.	How well does this student interact with other	ners? 1	2	3	4	5
3.	3. Is the student capable of balancing NHS duties and academics?		2	3	4	5
4.	Is the student respectful?	1	2	3	4	5
5.	Is the student a hard worker?	1	2	3	4	5
6.	Do you recommend this student for NHS?	1	2	3	4	5
Please	e provide any additional information that y	you would like to sl	nare ab	out thi	is stude	ent

here. Please be completely honest in your recommendation.

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Teacher Recommendation Form FORM #3: EXTRACURRICULAR SPONSOR

Student Name:							
Teacher Name:	What activity did/do you moderate?						
	When did the student participate?						
Please circle the number that best 1 Rank 1 as the lowest and 5 as the h		udent's cl	ıaracte	er and	abilitie	es.	
1. Does the student follow direct	tions?	1	2	3	4	5	
2. How well does this student in	. How well does this student interact with others?		2	3	4	5	
3. Is the student capable of balan and academics?	ncing NHS duties	1	2	3	4	5	
4. Is the student respectful?		1	2	3	4	5	
5. Is the student a hard worker?		1	2	3	4	5	
6. Do you recommend this stude	ent for NHS?	1	2	3	4	5	
Please provide any additional information here. Please be completely honest in	<u> </u>		are ab	out thi	s stude	ent	
Teacher's Signature							
reaction a Signature						_	

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