

NHS National Honor Society 2017
Teacher Recommendation Form
FORM #1: CORE TEACHER

Student Name: _____

Teacher Name: _____ Course: _____

When do/did you teach this student? _____

Please circle the number that best represents the above student's character and abilities.

Rank 1 as the lowest and 5 as the highest.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 2. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 3. Is the student capable of balancing NHS duties and academics? | 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 student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

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 20th 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.

NHS National Honor Society 2017
Teacher Recommendation Form
FORM #2: ELECTIVE TEACHER

Student Name: _____

Teacher Name: _____ Course: _____

When do/did you teach this student? _____

Please circle the number that best represents the above student's character and abilities. Rank 1 as the lowest and 5 as the highest.

- | | | | | | |
|--|---|---|---|---|---|
| 1. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 2. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 3. Is the student capable of balancing NHS duties and academics? | 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 student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

Teacher's Signature _____

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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 represents the above student's character and abilities.
Rank 1 as the lowest and 5 as the highest.**

- | | | | | | |
|--|---|---|---|---|---|
| 1. Does the student follow directions? | 1 | 2 | 3 | 4 | 5 |
| 2. How well does this student interact with others? | 1 | 2 | 3 | 4 | 5 |
| 3. Is the student capable of balancing NHS duties and academics? | 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 student for NHS? | 1 | 2 | 3 | 4 | 5 |

Please provide any additional information that you would like to share about this student here. Please be completely honest in your recommendation.

Teacher's Signature _____

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