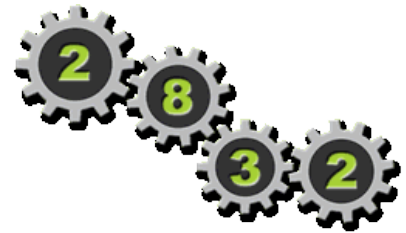


Livonia Warriors



Teacher Recommendation Form Robotics Team Applicant

Student Name _____ Date _____

Teacher Name _____ School _____

Phone # _____ Email _____

How long how have you known this student? _____

What subject and grade did/do you teach this student? _____

In your opinion, what are this student's most outstanding characteristics? _____

Do you have any concerns about this student? _____

In your opinion, how does this student compare to peers in terms of the following characteristics?

	Needs Work	Average	Above Average
Work ethic/self discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to collaborate/ work in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constructive response to criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments: _____

Teacher Signature _____ Date _____

NOTE: The information provided is confidential.

Please return this form to Ms. Isolina Carlini at Holmes Middle School via Inter-Departmental mail,
or send via U.S. Mail to Holmes Middle School, 16200 Newburgh Road, Livonia, MI 48154. Thank You.

Revised 1/2015