

Program Related High School Teacher Recommendation Form

****Physical Signature is Required****

Thank you for serving as a reference for a student interested in the Youth Apprenticeship program. Complete the below recommendation form as accurately and honestly as possible. Please be sure to provide additional comments on behalf of the student especially for below average rankings. Upon completion, sign and return to High School YA Liaison in a sealed envelope with your initials signed on the seal by March 6, 2020 or sign, scan and email directly to melissa.cesario@gotoltc.edu.

Student Name _____ **Grade** _____ **High School** _____
Youth Apprenticeship Program Area _____

Please refer to the checklist below to provide an accurate assessment of the applicant in the following areas.

No Basis for Judgement		Below Average	Average	Above Average	Excellent (top 10%)
	Academic Performance/Quality of Work				
	Responsibility				
	Attitude				
	Effort				
	Honesty				
	Dependability				
	Teamwork/Cooperation				
	Problem Solving				
	Leadership				
	Attendance				

Provide additional comments on the student's qualifications for this program, particularly strengths and/or weaknesses. Comments will assist potential employers in determining the student's employability.

PRINTED NAME OF REFERENCE PERSON

POSITION/SUBJECT TAUGHT

SIGNATURE

DATE