National Honor Society SCHS/CUSD Academic Teacher Recommendation Form

Student must PRINT form and bring to recommender

Student Info: To be completed by the applicant. Complete all the requested information and sign the waiver statement. Submit the form to a suitable academic teacher (no coaches, etc.).

Student Name:	Current Grade Level:

Waiver Statement: *By signing below, I agree to waive my right to review this recommendation once it has been either partially or entirely completed.*

_____ _____

Student Name (Print) Student Signature

Academic Teacher Recommendation: To be completed by an academic teacher only.

Teacher Name:	
Class(es) taught to student:	
Email/Classroom Extension:	

Did you teach the student named above for at least one whole trimester? Yes No

- For each of the qualities listed (over), please evaluate this specific student by checking the appropriate box.
- Keep in mind that your answers will be confidential and used in evaluating this student's application for NHS membership.
- **Do not return to the student.** Please return completed recommendation to Mrs. Andersson in room 1304, return to Mrs. Andersson's mailbox (in office) or send via email (tandersson@carlsbadusd.net).

(over)

	No Opinion	Poor	Average	Good	Superior
Character (honesty; integrity; behavior; personal ethics; respect to/treatment of others; attitude)					
Scholarship (grades; effort; academic integrity; work ethic)					
Leadership (group work; dynamic in classroom; relationships with peers; behavior)					
Service (serviceability; helpfulness to others in classroom or community; kindness; manners)					

If you have any other information or comments, positive or negative, that you feel are relevant to the student's application, please provide them below.

Comments:

Teacher Name (Print) _____ Teacher Signature _____ Date _____