

Student Name _____

GHS A Cappella TEACHER RECOMMENDATION FORM

Instructions for applicant: Give this form to two teachers who know you well.

Instructions for the teacher: This student is interested in auditioning for our A Cappella Groups here at GHS (GHS Ensemble, Fermata Nowhere, Low Key). Please take the time to complete this form, in ink, and place in my box by April 5th. Your response will be kept confidential and is most appreciated.

5 = OUTSTANDING

4 = ABOVE AVERAGE

3 = AVERAGE

2 = BELOW AVERAGE

1 = NEEDS IMPROVEMENT

Honesty	1	2	3	4	5
Academic Responsibility	1	2	3	4	5
Classroom attendance	1	2	3	4	5
Attentiveness	1	2	3	4	5
Ability to work/get along with others	1	2	3	4	5
Work ethic	1	2	3	4	5
Attitude towards you	1	2	3	4	5
Motivation	1	2	3	4	5
Overall character	1	2	3	4	5

Comments: (Optional)