**EQUESTRIAN TRAILS ELEMENTARY**

**2024-2025 School Year  
TEACHER RECOMMENDATION FORM FOR STUDENT VOLUNTEERING**

The following student is applying for a student volunteer position at Equestrian Trails Elementary.

|  |  |
| --- | --- |
| **Student Name** |  |

Thank you for taking the time to complete this recommendation form. Your comments are greatly appreciated.

Teachers, please return this completed form to the student via email. He/she will submit it along with their student volunteer application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Name** |  | **School Name** |  |

|  |  |  |
| --- | --- | --- |
| **Please rate the student using the scale provided below. For responses of 2 or lower, please comment.**  **Excellent Needs Improvement**  5 4 3 2 1 | | |
| **Characteristic** | **Student Score (5-1)** | **Comment** |
| Positive Attitude |  |  |
| Acts Responsibly |  |  |
| Attendance |  |  |
| Helpfulness |  |  |
| Respectfulness |  |  |
| Shows Initiative |  |  |
| Paying Attention |  |  |
| Punctuality |  |  |
| Following Directions |  |  |
| Behavior |  |  |

**I would recommend this student as a student volunteer at Equestrian Trails Elementary.**

Highly recommend Recommend  Recommend with reservation  Do not recommend

|  |  |
| --- | --- |
| **Additional Comments** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Signature** |  | **Date** |  |

***Teacher: Please return this completed form to the student via his/her email. He/she will submit it along with their student volunteer application. Please return the form by May 30, 2024***