



# TEACHER RECOMENDATION FORM

### TO THE STUDENT:

Please write your name in the space below and hand this form to the teacher who will write your recommendation.

Student name: \_\_\_\_\_ Grade in school: \_\_\_\_\_  
 (First) (Last)

### TO THE TEACHER COMPLETING THIS FORM:

The above student is interested in attending GIRLS Academy, hosted by a local chapter of Kappa Kappa Gamma. Your thoughts on her leadership potential and her interest in this program are helpful to our staff in providing background information. Thank you for your time and thoughts.

Teacher's Name: \_\_\_\_\_  
 School: \_\_\_\_\_  
 How do you know the student: \_\_\_\_\_

Please list the course title, grade level and year when you taught this student.

Course title: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Year: \_\_\_\_\_

Please rate the candidate in the following areas:

|                                 | Truly Outstanding        | Above Average            | Below Average            | N/A                      |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic and Personal Qualities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual Curiosity          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Expression             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Integrity              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct/Discipline              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Relationship to Peers           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership Ability              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please list the first three (3) words that come to mind to describe this student?

\_\_\_\_\_

Signature

Date



## TEACHER RECOMENDATION FORM

Dear Teacher(s),

Please use the form on the back of this page to recommend a student to attend GIRLS Academy. This form can be utilized in two ways: for a student who has asked you to complete this as a part of her application process or as a means to suggest to a student that she think about attending.

GIRLS Academy is an opportunity for 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade girls, ages 11 to 13, to participate in a one-and-a-half day leadership retreat tailored specifically to the needs of young teen girls. This interactive program includes small group discussions, personal journaling and reflection and community service project.

Participants will:

- learn basic leadership concepts
- reflect broadly on the significance of leadership in everyday circumstances
- evaluate personal leadership styles based on contemporary social behavior
- explore how values impact behavior in a group and as a leader
- evaluate and practice making ethical decisions in personal and leadership situations
- explore factors leaders need to consider in taking appropriate risks
- have the opportunity to participate in post-event mentoring activities

Please fill out the form below in its entirety as it will be used to select the students who will assume the 50 available spaces for this program.

Thank you,

GIRLS Academy Team