

**PART 10:**

**TEACHER RECOMMENDATION (MAX OF 4 POINTS)**

Please fill out the top portion and then give this form along with a blank envelope to your teacher. Once it is completed, please retrieve it from your teacher and put sealed envelope in your NHS applicant envelope with your application. You will need to complete one of these for each of your current teachers.

Candidate Name \_\_\_\_\_ ID Number \_\_\_\_\_

\_\_\_\_\_ I agree that this recommendation will be confidential and will be a **maximum of 4 points** in the selection process.

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Recommendation (please choose one below)

\_\_\_\_\_ I recommend this applicant without reservation (4 points)

\_\_\_\_\_ I recommend this application with reservation (2 points)

\_\_\_\_\_ I do not recommend this application (0 points)

\*If you do not recommend this applicant please give a brief explanation below. (Examples: tardy, frequently absent, does not do work, etc.)

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_