



## ***FACULTY/STAFF RECOMMENDATION FORM***

Dear Faculty and Staff:

\_\_\_\_\_ is applying for the Student Leadership Academy and is required to obtain one (1) recommendation from a faculty or staff member.

We recognize that you are extremely busy and appreciate your taking the time to complete the form below.

*The Student Leadership Academy Committee*

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Please complete the form below, place it in a sealed envelope provided by the applicant, sign across the seal and give it to the student. Your recommendation will be submitted by the student along with his/her application.

From your experience, please rate this person using the following scale:

**NA** = not applicable

**1** = below average

**2** = average

**3** = above average

**4** = excellent

*Please circle one*

Decision making skills	NA	1	2	3	4
Ability to set goals	NA	1	2	3	4
Exhibits good time management skills	NA	1	2	3	4
Ability to motivate others	NA	1	2	3	4
Works well with people different from themselves	NA	1	2	3	4
Oral communication skills	NA	1	2	3	4
Written communication skills	NA	1	2	3	4
Creating positive change	NA	1	2	3	4
Role modeling positive behaviors	NA	1	2	3	4
Willingness to learn	NA	1	2	3	4
Exhibits professionalism in attitude and attire	NA	1	2	3	4

**Faculty/Staff Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_