

## RECOMMENDATION FORM

Recommendation Form Requirements:  
2 School Recommendations Required  
1 Community Recommendation  
Required.

Student Name:

School District:

*Please check one:*

Agriculture <input type="checkbox"/>	Finance <input type="checkbox"/>	Pharmacy Technician <input type="checkbox"/>
Architecture & Construction <input type="checkbox"/>	Health <input type="checkbox"/>	Printing <input type="checkbox"/>
Auto Technician <input type="checkbox"/>	Hospitality/Tourism <input type="checkbox"/>	Veterinary Technician <input type="checkbox"/>
Biotechnology <input type="checkbox"/>	Information Technology <input type="checkbox"/>	Welding <input type="checkbox"/>
Engineering <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Protective Services <input type="checkbox"/>

This student is applying for a work-based learning program. In order to successfully evaluate this person's potential we would like you to complete this form and return it to the person listed below.

Personal work habits (How person approaches daily obligations.)	Excellent	Above Average	Average	Below Average	Poor
Takes Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits (on time, reliable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional explanation of your ratings.

*I would like to recommend that the above student be considered as a candidate for the program.*

Printed Name:

Relationship to Applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Business/School:

Daytime Phone:

*Please return this form to:* **Local School to Career Coordinator or the  
Dane County School to Career Program  
5301 Monona Dr., Rm. 30  
Monona, WI 53716**