

JLCA Recommendation Form: Do not give back to the students!

Student Name: _____ School: _____

Please complete this evaluation for the student you are recommending by marking the rating that best fits each skill/quality the student has. Add any additional comments at the bottom of the page.

Personal Qualities

| | | | | |
|-------------------------|--------------|---------|---------|---------|
| Attitude towards school | ___Excellent | ___Good | ___Fair | ___Poor |
| Cooperation | ___Excellent | ___Good | ___Fair | ___Poor |
| Emotional maturity | ___Excellent | ___Good | ___Fair | ___Poor |
| Integrity | ___Excellent | ___Good | ___Fair | ___Poor |
| Follows the rules | ___Excellent | ___Good | ___Fair | ___Poor |
| Leadership potential | ___Excellent | ___Good | ___Fair | ___Poor |
| Reaction to criticism | ___Excellent | ___Good | ___Fair | ___Poor |
| Responsible | ___Excellent | ___Good | ___Fair | ___Poor |
| Self confidence | ___Excellent | ___Good | ___Fair | ___Poor |
| Warmth of personality | ___Excellent | ___Good | ___Fair | ___Poor |

Work Skills

| | | | | |
|-------------------------------|--------------|---------|---------|---------|
| Class participation | ___Excellent | ___Good | ___Fair | ___Poor |
| Ability to work in a group | ___Excellent | ___Good | ___Fair | ___Poor |
| Ability to work independently | ___Excellent | ___Good | ___Fair | ___Poor |
| Completes assignments | ___Excellent | ___Good | ___Fair | ___Poor |
| Follows directions | ___Excellent | ___Good | ___Fair | ___Poor |
| Takes initiative | ___Excellent | ___Good | ___Fair | ___Poor |

Social Skills

| | | | | |
|--------------------------|--------------|---------|---------|---------|
| Peer relations | ___Excellent | ___Good | ___Fair | ___Poor |
| Relationship with adults | ___Excellent | ___Good | ___Fair | ___Poor |
| Concern for others | ___Excellent | ___Good | ___Fair | ___Poor |
| Attitude towards school | ___Excellent | ___Good | ___Fair | ___Poor |

Any additional comments?

Would you recommend this student for JLCA?

___ Highly Recommend ___ Somewhat Recommend ___ Do Not Recommend

Name & title (please print): _____

School/Organization: _____ Phone Number: _____

Evaluator's Signature: _____ Date: _____

These forms should be emailed to fschamberleadership@gmail.com, mailed to the Chamber of Commerce (612 Garrison Avenue, FSM 72901) or faxed to 479-783-6110 by **March 15, 2024**.