

AYJGLOBAL CO-OPERATIVE EDUCATION PROGRAM

TEACHER RECOMMENDATION FORM

A. Student's Full Name: _____

B. Student's Home School: _____

Home School Full Address: _____

Home School Full Telephone Number: _____

On the reverse of this page there is a teacher recommendation form. Each student applying to the AYJ Co-operative Education Program is to obtain **two** of these forms and follow the procedures outlined below.

Notes to the Students:

Please have this procedure completed ***within the next two days***.

- a) Fill in the blanks at the top of this page
- b) Fill out the name of the teacher to whom you have given this form

Teacher's Name _____

Course Taught to Student and Year _____

- c) Obtain the completed forms from your teachers and return them with your co operative education package when you mail them back to: AYJGlobal

1881 Yonge Street
P.O. Box 48030
Toronto, Ontario M4S 3C6
Canada

Notes to the Teachers:

The above named student has chosen you to complete this recommendation form on his/her behalf. Your time, effort and comments in completing this recommendation will be of assistance to us in the placement of students for the Co-operative Education Program.

It is our concern that those students selected be responsible and mature. Your co-operation in determining the suitability of this student would be most helpful and appreciated. Please complete the reverse as soon as possible and return it to the student.

Thank you.

1. ATTITUDE <input type="checkbox"/> Always willing , interested, enthusiastic, adaptable <input type="checkbox"/> Generally willing , interested, enthusiastic, adaptable <input type="checkbox"/> Inconsistent amount of interest and enthusiasm <input type="checkbox"/> Displays little interest or effort	6. INITIATIVE <input type="checkbox"/> Self-starter and enthusiastic learner <input type="checkbox"/> Usually initiates activities with little direction <input type="checkbox"/> Relies on others; frequently told what to do <input type="checkbox"/> Needs to be told what to do												
2. INTERPERSONAL SKILLS <input type="checkbox"/> Always is co-operative, sensitive to others and a team player <input type="checkbox"/> Generally is co-operative and a team player <input type="checkbox"/> Demonstrates some difficulties with co-operation, sensitivity and team dynamics <input type="checkbox"/> Is often abrupt, impatient and insensitive to other team members.	7. ABILITY TO FOLLOW INSTRUCTIONS <input type="checkbox"/> Always follows instruction, listens and shows good judgement <input type="checkbox"/> Usually follows instructions, listens and shows good judgement <input type="checkbox"/> Some difficulty in following instructions, listening and showing judgement <input type="checkbox"/> Requires repeated instructions and demonstrates little judgement												
3. DEPENDABILITY <input type="checkbox"/> Always willing, reliable and assumes full responsibility for tasks <input type="checkbox"/> Willing, assumes duties and is reliable <input type="checkbox"/> Sometimes unreliable and assumes responsibility only when asked <input type="checkbox"/> Requires constant supervision	8. KNOWLEDGE OF MATERIAL <input type="checkbox"/> Always demonstrates thorough awareness of the material <input type="checkbox"/> Usually demonstrates good knowledge of most phases of the material <input type="checkbox"/> Requires assistance in understanding <input type="checkbox"/> Is unable to grasp material easily												
4. COMMUNICATION SKILLS (written) <input type="checkbox"/> Writing is always clear, accurate and organized <input type="checkbox"/> Writing is usually clear and accurate with occasional errors <input type="checkbox"/> Writing is sometimes unclear, inaccurate and poorly composed <input type="checkbox"/> Writing is frequently incomplete, inaccurate and poorly composed	9. QUALITY OF WORK <input type="checkbox"/> Always accurate, complete and neat <input type="checkbox"/> Usually accurate and neat, with few errors <input type="checkbox"/> Some inaccuracies and lack of completeness <input type="checkbox"/> Frequently incomplete and inaccurate												
5. COMMUNICATION SKILLS (verbal) <input type="checkbox"/> Always speaks clearly, concisely and is easily understood <input type="checkbox"/> Usually speaks clearly and is usually understood <input type="checkbox"/> Encounters some difficulties in clarity and being understood <input type="checkbox"/> Lack of clarity in speaking interferes with performance	10. TIME MANAGEMENT <input type="checkbox"/> Always efficiently plans, prioritizes and meets deadlines <input type="checkbox"/> Generally plans time well and meets deadlines <input type="checkbox"/> Has some difficulty managing time and workload <input type="checkbox"/> Shows few skills in managing time and workload												
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">ATTENDANCE</td> <td style="width: 25%; border: none;">PUNCTUALITY</td> <td style="width: 25%; border: none;">GROOMING</td> <td style="width: 25%; border: none;">RESPONSE TO CRITICISM</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Regular</td> <td style="border: none;"><input type="checkbox"/> Regular</td> <td style="border: none;"><input type="checkbox"/> Appropriate</td> <td style="border: none;"><input type="checkbox"/> Willing to listen and respond</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Irregular</td> <td style="border: none;"><input type="checkbox"/> Irregular</td> <td style="border: none;"><input type="checkbox"/> Inappropriate</td> <td style="border: none;"><input type="checkbox"/> Unwilling to listen and respond</td> </tr> </table>		ATTENDANCE	PUNCTUALITY	GROOMING	RESPONSE TO CRITICISM	<input type="checkbox"/> Regular	<input type="checkbox"/> Regular	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Willing to listen and respond	<input type="checkbox"/> Irregular	<input type="checkbox"/> Irregular	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Unwilling to listen and respond
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Areas of Strength: 1. _____ 2. _____	Areas for Improvement: 1. _____ 2. _____												
Comments: _____ _____ _____													
Signature: _____ Date: _____													

