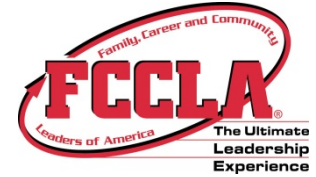


Mountain Shadows FCCLA District Officer

Recommendation Form for _____ (student name)



Applicant – Please print two copies, fill in your name, then ask your *FCCLA Adviser* and *one other adult at school* to complete this form.

School Adults – Please place a check mark in the column that best describes this student.

	No Basis on which to rate student	Below Average	Average	Above average	Excellent	Top Few
Intellectual Promise						
Creative Thought						
Productive Discussion						
Maturity						
Motivation						
Leadership						
Integrity						
Reaction to Setbacks						
Concern for Others						
Self- Confidence						
Initiative						
Overall Character						

How long have you known the student, and in what context? _____

What are the first words that come to mind to describe this student? _____

Evaluator Name: _____ Signature: _____ Title: _____

Please enclose this form in a sealed envelope and sign the sealed part to ensure privacy for the student. The student will turn in the signed/sealed envelopes with their complete application to become a Mountain Shadows FCCLA District Officer.