

Science or Math Teacher Recommendation Form

Atrium Health Stanly
Jr. Volunteer

To the teacher: The VolunTeens must be responsible and display a high level of maturity. We appreciate and need **honest** evaluations and assessments of applicants. VolunTeens are selected based on their completed application, interview and two teacher recommendations. **We ask that you complete this recommendation form and seal it in an envelope with your signature written across the seal. Please return the sealed envelope to the applicant. Thank you.**

For the student to sign: “I understand that my signature gives my science/math teacher permission to release the following confidential information to the Atrium Health Stanly Services Department.”

Signed _____ Date _____
(Student’s Signature)

To be completed by the teacher: Must be from the course you are currently in

Student’s Name:	Date:
School:	Teacher’s Name:
Course Title:	Course Grade Level:

For the teacher to sign: “I understand that all information included in this evaluation will be treated as confidential by the Atrium Health Stanly Volunteer Services Department.”

Signed _____ Date _____
(Teacher’s Signature)

Please give honest assessments to the following:	Always	Frequently	Seldom
1. Conduct: This student observes good standards of school conduct and obeys school rules.			
2. Cooperation: This student works in harmony with others in class and with the teacher in constructive participation in the activities of the class.			
3. Persistence: This student adheres to a task seeing it through to completion.			
4. Initiative: This student shows resourcefulness, self-reliance and energy in meeting new situations.			
5. Attention: This student listens to and follows instructions			

You are asked to complete the information on the back of this form also, as it is significant in the total recommendation.

Please respond to each of the following:
1. Has this student been subject to any significant disciplinary actions? _____ If yes, please explain details:
2. What is his/her numeric grade in your class for this year/semester? _____ year or _____ semester
3. Is this student respected by his or her teachers? _____
4. Is this student respected by his or her peers? _____
5. If you were an employee or patient at Stanly Regional Medical Center, would you like to think this young person would be assigned to your area?

In the comments section below, you are encouraged to make additional remarks especially as to how they would relate to the answers to questions 4 & 5 above.

Teacher's
comments: _____

RECOMMENDING TEACHER:

You are asked to complete this recommendation form and seal it in an envelope with your signature written across the seal. Please give the sealed envelope to the student to be returned with his/her Volunteering application. If you have any questions in regard to this recommendation, feel free to contact our Volunteer Services office at 704-984-4387. The student's completed application including this recommendation must be received for the student to be considered for this summer's program.
