Teacher Recommendation Form for Biophilia Summer Teen Volunteer Program

Applicant's Name:						Date:	
						this summer at the E.O. Wilson Biophilia Center. He/she has complete this form with the above listed teen in mind.	
Reference Name and school: _							
Reference email or phone I ma	усс	ontac	ct: _				
Grade and Subject of classes a	ppli	cant	had	of	yours:		
Please rate the applicant's pers "exceeds expectations"	onal	l attı	ribut	tes c	on a scale	of 1 to 5, with 1 meaning "needs work" and 5 meaning	
Attitude	1	2	3	4	5	Punctuality 1 2 3 4 5	
Reliability	1	2	3	4	5	Self-Motivation 1 2 3 4 5	_
Cooperates with peers	1	2	3	4	5	Works well independently 1 2 3 4 5	
Accepts Rules	1	2	3	4	5	Desires to grow and learn 1 2 3 4 5	
Follows Directions	1	2	3	4	5	Confidence 1 2 3 4 5	
Accepts Criticism	1	2	3	4	5	Works well with adults 1 2 3 4 5	
Hygiene	1	2	3	4	5	Works will with children 1 2 3 4 5	
Works well with Peers	1	2	3	4	5	Responsible with animals 1 2 3 4 5	_
Additional Comments:							
Please Circle One: I (DO) Volunteer Program	(]	DO I	NO	Γ)	recomm	end this teen for participation in the Biophilia Summer	
Reference's Signature:						Date:	