

CAMP S.W.A.G.

Students With Ambitions & Goals

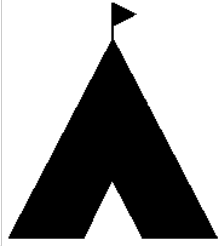
TEACHER RECOMMENDATION FORM

Student Name: _____ Grade Level: _____

Teacher Name: _____ Telephone Number: _____

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments. (Attach a separate sheet if necessary)

Activity	Needs Improvement					Excellent	Comments
	1	2	3	4	5		
Attends school on a regular basis	1	2	3	4	5		
Is on time to class	1	2	3	4	5		
Completes class assignments on time	1	2	3	4	5		
Displays school pride	1	2	3	4	5		
Respects and honors school environment	1	2	3	4	5		
Shows positive attitude in class	1	2	3	4	5		
Gets along well with others	1	2	3	4	5		
Demonstrates eagerness and capacity to learn	1	2	3	4	5		
Engages in school activities	1	2	3	4	5		
Shows ability to make and keep commitments	1	2	3	4	5		
Receptive to new ideas	1	2	3	4	5		
Accepts responsibility	1	2	3	4	5		
Demonstrates initiative	1	2	3	4	5		



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With which school subjects could a mentor help the student?

In what other areas could the student use help from the mentor? Check all that apply and add your comments:

- | | | |
|---|--|---|
| <input type="checkbox"/> Time management | <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Leadership skills | <input type="checkbox"/> Communication skills | <input type="checkbox"/> Job-related skills |
| <input type="checkbox"/> Other, please comment: | | |

What do you see as the student's area(s) of strength?

As mentees, students are required to meet with their mentor at least once a week, attend support meetings as scheduled, and participate in planned mentoring activities. Would this student be able to carry out the responsibilities of being a mentee in the program?

- Yes No

Signature of Teacher

Date



TEACHER RECOMMENDATION FORM

Please return completed form to the following:

Camp S.W.A.G. Mentoring Program
P. O. Box 3392
Cary, NC 27519

or

via email

Mentee@cswag.org