

Recommendation Form for Auxiliary Units

Instructions To Student

*After completing the identifying information below, distribute the appropriate number of forms to school employees who are qualified to evaluate your qualifications.

Name of Student _____

Address _____

Phone Number _____ E-mail Address _____

I waive my right to see this recommendation.

Signature _____ Date _____

Request To Evaluator

*After completing the identifying information below, please evaluate the qualifications of the student.

Name of Evaluator _____

Address _____

Phone Number _____ E-mail Address _____

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

Please rate the student from 1 to 5 (5 being the highest) in each of the following areas.

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>No basis to judge</u>
Motivation and Initiative						
Diligence and Perseverance						
Independence						
Creativity						
Dependability						
Integrity						
Emotional Stability						
Learning Ability						
Overall Intellectual Capability						
Performance Capabilities						

Please use the back of this sheet to provide any additional comments. Be as specific and candid as possible, commenting on strengths and weaknesses and providing examples of skills and characteristics that you believe are relevant to our decision.

The above evaluations and comments are true to the best of my knowledge.

Signature _____ Date _____

Thank you for your time in providing this recommendation. Please mail to:

**UNA Band
Attn: Majorette Captain
UNA Box 5240
Florence, AL 35632-0001**