Recommendation 2: Adult Familiar with Applicant's Community Activities

RECOMMENDATION ON BEHALF OF _____

(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please select the appropriate number.
2. Please type or print your response.
3. Seal this document in an envelope and return to the student for submission with application.

Please do not share your responses with anyone.

I. Please rate the student in the following areas (1 is lowest; 5 is highest):

1	2	3	4	5	
☐	☐	☐	☐	☐	Work/Study Ethic
☐	☐	☐	☐	☐	Attitude
☐	☐	☐	☐	☐	Dependability
☐	☐	☐	☐	☐	Interpersonal Skills
☐	☐	☐	☐	☐	Verbal Skills
☐	☐	☐	☐	☐	Level of Maturity

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?

III. What reservations, if any, do you have about the student's ability to successfully serve as the student member on the State Board of Education, and why?

Person Making Recommendation: _____
(Please Type or Print Name)

How do you know the above-named student?

_____

How long have you known him or her? _____

I, the undersigned, understand that the above-named student is submitting an application to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

_____ _____
Date Signature, Person Making Recommendation