

Student requesting recommendation_____

Teacher name_____date_____

CONFIDENTIAL Information

Teachers:

Please Mark all that apply in respect to the student asking for this recommendation

- ☐ Trusting
- ☐ Drama free
- ☐ Respectful to others
- ☐ Resilient in learning
- ☐ Responsible
- ☐ Reliable to do what I say I am going to
- ☐ Communicates constructively
- ☐ Listens Actively
- ☐ Exhibits Flexibility
- ☐ Procrastinator
- ☐ Treats others in a respective and supportive manner
- ☐ Embraces different ideas and opinions
- ☐ Is not afraid of a challenge
- ☐ Leader
- ☐ Follower
- ☐ Supports other students to get things going
- ☐ Shares openly and willingly
- ☐ Functions as an active participant
- ☐ Cooperates and pitches in to help
- ☐ Commitment to the team
- ☐ Works as a problem solver
- ☐ Just a great person to know!

Please add any additional comments that you feel we need to know in selecting our final team for Robotics. Reminder we will keep all comments confidential.

Teacher signature_____

**Please return completed sheets to the Robotics Mailbox at the Middle School
or email Kris Cole a copy at kcole@fruitportschools.net
by Wednesday 5/21/25.**

Do not give this form to the student to hand in.
Thank you for your time and consideration in helping us choose the best students for this amazing team!

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