

LCS Archery Club Application

~Teacher Recommendation~

Student Name: _____

Teacher Name: _____

Student Instructions: Provide this teacher recommendation form to one of your teachers, asking them to kindly fill it out for you and return to Mrs. Wolff's mailbox.

Teacher Instructions:

Teachers please complete and return no later than January 31st.

	Excellent	Good	Average	Needs Strengthening**
Motivation/Disciplined/Willing to work hard				
Personal integrity and honesty				
Dependability (punctuality, trustworthiness)				
Commitment to Academic Achievement				

**If a student needs strengthening in any area, please provide further details.
