



CHILDREN'S HEALTHCARE OF ATLANTA

girlFriends Teen Leadership Board

Counselor/Teacher Recommendation Form

DATE _____

Dear Counselor/Teacher:

_____ has applied for a leadership position on the girlFriends Teen Leadership Board at Children's Healthcare of Atlanta. Thank you for taking your valuable time to complete this evaluation. Your observations are an important part of this student's application. Would you please comment on this student's record in the following areas:

PERSONAL QUALITIES

| | | | | |
|-------------------------------|--|--|--|---|
| Attitude toward school | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Cooperation | <input type="checkbox"/> Always cooperates | <input type="checkbox"/> Cooperates | <input type="checkbox"/> Sometimes cooperates | <input type="checkbox"/> Poor |
| Emotional maturity | <input type="checkbox"/> Very mature | <input type="checkbox"/> Age appropriate | <input type="checkbox"/> Sometimes immature | <input type="checkbox"/> Very immature |
| Integrity | <input type="checkbox"/> Highly trustworthy | <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Usually trustworthy | <input type="checkbox"/> Questionable |
| Leadership potential | <input type="checkbox"/> Leader | <input type="checkbox"/> Can follow or lead | <input type="checkbox"/> Leads on occasion | <input type="checkbox"/> Rarely leads |
| Reaction to criticism | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Responsible | <input type="checkbox"/> Very responsible | <input type="checkbox"/> Usually responsible | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Self confidence | <input type="checkbox"/> Healthy self-image | <input type="checkbox"/> Needs some support | <input type="checkbox"/> Seems overconfident | <input type="checkbox"/> Poor self-image |
| Self control | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Sense of humor | <input type="checkbox"/> Highly developed | <input type="checkbox"/> Good | <input type="checkbox"/> Fair humor | <input type="checkbox"/> Poorly developed |
| Warmth of personality | <input type="checkbox"/> Always friendly | <input type="checkbox"/> Usually friendly | <input type="checkbox"/> Occasionally friendly | <input type="checkbox"/> Rarely friendly |
| Ability to work independently | <input type="checkbox"/> Consistently works well | <input type="checkbox"/> Needs help occasionally | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs help |

WORK SKILLS

| | | | | |
|-------------------------------|---|--|--|--|
| Class participation | <input type="checkbox"/> Joins in readily | <input type="checkbox"/> Contributes some | <input type="checkbox"/> Wants to dominate | <input type="checkbox"/> Rarely contributes |
| Ability to work in a group | <input type="checkbox"/> Always works well | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Has difficulty | <input type="checkbox"/> Has great difficulty |
| Ability to work independently | <input type="checkbox"/> Always works well | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Needs help frequently | <input type="checkbox"/> Needs constant help |
| Completes assignments on time | <input type="checkbox"/> Consistently completes | <input type="checkbox"/> Usually completes | <input type="checkbox"/> Needs additional time | <input type="checkbox"/> Has difficulty |
| Follows directions | <input type="checkbox"/> Easily and accurately | <input type="checkbox"/> Usually needs no help | <input type="checkbox"/> Needs some help | <input type="checkbox"/> Rarely |
| Takes initiative | <input type="checkbox"/> Always | <input type="checkbox"/> Usually | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Rarely |
| Attention span | <input type="checkbox"/> Actively engaged | <input type="checkbox"/> Attentive | <input type="checkbox"/> Variable attention | <input type="checkbox"/> Requires frequent Redirection |

SOCIAL SKILLS

| | | | | |
|---------------------------|---|---|--|---|
| Peer relations | <input type="checkbox"/> Role model | <input type="checkbox"/> Healthy relationship | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Relates poorly |
| Relationships with adults | <input type="checkbox"/> Courteous | <input type="checkbox"/> Usually positive | <input type="checkbox"/> Occasional problems | <input type="checkbox"/> Shows little respect |
| Concern for others | <input type="checkbox"/> Very considerate | <input type="checkbox"/> Considerate | <input type="checkbox"/> Usually considerate | <input type="checkbox"/> Rarely considerate |
| Attitude toward school | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Classroom conduct: Please comment on the student's behavior/attitude:

Areas of greatest strengths and greatest needs:

Would you recommend this student for the GirlFriends Teen Board volunteer program?

Evaluator's Name (please print): _____ Phone: _____

Evaluator's Signature: _____ Date: _____ Title: _____

Please complete this form and email it to Catherine.Mojcik@choa.org. Thank you!