



# 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 place this form in a sealed envelope and return to applicant. Thank you!**