

SLA RECOMMENDATION Please return to **Mr. Oliver by: August 30, 2017**

Recommendation for _____ (Please print name of student applicant)

This student has applied for the Student Leadership Academy (SLA). SLA conducts monthly workshops geared toward training future leaders using Experiential Learning Techniques.

PLEASE RATE THE APPLICANT: Circle the corresponding number: **1 low – 4 high**

	1	2	3	4
Assumes a leadership role in a group (voices opinion, speaks up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses positive/respectful communication within a group with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses positive/respectful communication with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys school and learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys being challenged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is dependable and reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a self-starter and shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks outside the box, is creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows commitment to class/club responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes pride in his/her work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How has the student demonstrated leadership?

Signature of reference _____ Date _____

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Thank you for your assistance.

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