

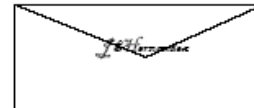
Student ID # _____

Applicant's Name (please print): _____

Lenoir City High School NHS Teacher Recommendation Form

Teachers: Please complete this form and return it to the student in a sealed envelope he/she provided. Please be sure to sign over a tape seal to ensure confidentiality. Thank you in advance for your support!

Example:



List the course(s) you have taught this student and circle the year you taught him/her:

_____	(Circle one):	9 th grade	10 th grade	11 th grade	12 th grade
_____	(Circle one):	9 th grade	10 th grade	11 th grade	12 th grade
_____	(Circle one):	9 th grade	10 th grade	11 th grade	12 th grade
_____	(Circle one):	9 th grade	10 th grade	11 th grade	12 th grade

What are the first three words that come to your mind to describe this student?

Please place a check mark in the appropriate boxes below:

	Excellent	Average	Below Average	No Basis
Creative, Original thought				
Motivation				
Self-confidence				
Independence				
Initiative				
Intellectual ability				
Disciplined work habits				

	Excellent	Average	Below Average	No Basis
Academic integrity				
Personal integrity				
Leadership in the classroom				
Ability to work well with others				
Overall character of applicant				

How strongly do you recommend this student for admission into the LCHS Apollo Chapter of the National Honor Society (NHS)?	Enthusiastically Recommend	Recommend	Recommend with Reservation (Please explain on back)	DO NOT Recommend (Please explain on back)

Additional Teacher Comments:

Teacher's Name (please print): _____ Room # _____

Teacher's Signature: _____ Date: _____