

Teacher/Staff Recommendation Form for Apprenticeship Maryland Program (AMP)

Student ID#:			Student ID#:	
	(Last)	(First)		
High School:			Grade:	
Feacher:		Email:		
Apprenticeship N	Maryland Progra	m Coordinator: Sai	ndy Rooney, srooney@ccboe.com	
Student Instructi a teacher/staff w			he top of this form. Save the docum	ent and email it to
Apprenticeship P Maryland Progra	rogram. Please c m Coordinator. T	complete the inforn This form will be sha	polying to participate in the Youth Manation below and email it to the Appared with potential employers. Teas listed below. Ratings are 1-5 and a ge 4-Above Average	orenticeship
Quality/Habit/S	kill	Rating	Quality/Habit/Skill	Rating
Dependability			Submits work on time	
Responsibility			Motivation	
Ability to work independently			Uses good judgement	
Ability to work with others			Attitude	
Ability to learn			Communication	
Ability to Complete Assigned Tasks			Attendance	
Quality of work			Cooperative and polite	
Leadership/Influence			Personal Integrity	
Ability to Accept Cr	iticism		Reaction to Setbacks	
Additional Comme	nts:			

Teacher/Staff Signature: _____