

TEACHER RECOMMENDATION FORM

This student is applying to participate in the Machining Skills Boot Camp. This student will be required to complete a number of hands-on tasks while part of the program and must be self-driven. The student must be able to cooperate with peers and instructors and be able to work in a group setting while acting in a respectful manner.

When assessing the eligibility of a student for the Machining Skills Boot Camp, it is important we feel confident placing them into this type of work environment. This information will form part of the basis on which the student's eligibility for this program will be determined.

Please indicate your perception of this student based on the following chart:

	Poor	1	2	3	4	5	6	7	8	9	10	Excellent
1 Attitude	___	___	___	___	___	___	___	___	___	___	___	
2 Attendance	___	___	___	___	___	___	___	___	___	___	___	
3 Punctuality	___	___	___	___	___	___	___	___	___	___	___	
4 Work Habits (use of class time)	___	___	___	___	___	___	___	___	___	___	___	
5 Ability to stay focused on a task	___	___	___	___	___	___	___	___	___	___	___	
6 Work Quality	___	___	___	___	___	___	___	___	___	___	___	
7 Demonstrates respect	___	___	___	___	___	___	___	___	___	___	___	
8 Demonstrates maturity	___	___	___	___	___	___	___	___	___	___	___	
9 Demonstrates responsibility	___	___	___	___	___	___	___	___	___	___	___	
10 Demonstrates initiative	___	___	___	___	___	___	___	___	___	___	___	
11 Demonstrates common sense	___	___	___	___	___	___	___	___	___	___	___	
12 Demonstrates problem solving ability	___	___	___	___	___	___	___	___	___	___	___	
13 Demonstrates leadership	___	___	___	___	___	___	___	___	___	___	___	

Comments:

Student: _____ Subject: _____

Teacher: _____ Email: _____

School Name: _____

I, **DO** **DO NOT** (please check one) recommend the above student be accepted into the skills boot camp.

Signature: _____

Please send to the Saskatoon Industry Education Council Office before March 13, 2024
Email to megan@saskatooniec.ca