

Teacher Recommendation

Celtic Time Student Advisor

Student Name: _____ Year _____

Teacher Name: _____

Please rate the above student and his/her abilities to serve as a model representative of the Providence Catholic High School student body in the following categories:

1=Weak 2=Below Average 3=Average 4=Above Average 5=Strong

1. How would you rate his/her enthusiasm about Providence? 1 2 3 4 5
2. How would you rate his/her overall academic ability? 1 2 3 4 5
3. How would you rate his/her interaction with peers? 1 2 3 4 5
4. How would you rate his/her public speaking ability? 1 2 3 4 5
5. How would you rate his/her respectfulness to authority? 1 2 3 4 5
6. Would this person make a great Celtic Time Advisor? 1 2 3 4 5

Why should this student be selected as a Celtic Time Advisor?

Teacher's Signature _____

Each applicant must obtain and submit a teacher recommendation form as part of the application process to become a Celtic Time Advisor.

Teachers: Please return this questionnaire to Rachel Ellingson by **May 10, 2019**.

This form must be completed for consideration as a Celtic Time Advisor. It is completely confidential and will only be seen by myself and the committee to select the Advisors.