

## Recommendation for Teacher Assistant Program (TA) 2018-19

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Complete this application and submit one Teacher Recommendation (on the back of this form) by August 31, 2018. Students will be placed at the discretion of administration and counselors. If accepted to serve as a TA, you are obligated to serve the classroom/office where administration places you. The goal of this program is to provide students with an opportunity to support our school through helping other students, supporting the greater Sanderson community and through learning helpful interpersonal and office skills that will add to your own growth.

**\*\*Please list two classes you are willing to exchange in order to have TA added to your schedule:**

1) \_\_\_\_\_ or 2) \_\_\_\_\_

**Please check areas in which you are interested in supporting:**

\_\_\_\_\_ Clerical Position/Office(s)  
\_\_\_\_\_ Classroom with a teacher. Name of teacher preference: \_\_\_\_\_

**Please list your strongest academic areas, in the event you are asked to serve as a peer-tutor:**

\_\_\_\_\_  
\_\_\_\_\_

**Please read and sign below:**

I am requesting administrative review for placement in the Teacher Assistant Program and understand that the purpose of the program is to provide assistance to Sanderson High School. If accepted I agree to attend, comply with requests, complete work in a cheerful and timely manner, and adhere to all school rules and policies. I understand that only **12<sup>th</sup> graders, who are on track to graduate**, will be able to participate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parental Consent

As the parent of the student named above, I give my consent for him/her to request review for placement in the TA program for the upcoming school semester.

Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Due Date:**

- Both the Application and Recommendation are due back by **August 31, 2018**. Completed forms can be turned in to in Student Services. Please follow your current class schedule until you are notified of any changes.

# Confidential Teacher Recommendation for TA Position

Student Name \_\_\_\_\_

Please consider the applicant carefully and consider whether he or she would be successful in fulfilling Teacher Assistant responsibilities. Please rank the student in each category. A rank of 5 means the student ALWAYS demonstrates a high level of competency in this category; a rank of 1 means the student never demonstrates this competency in this quality; N/O means you did not have an occasion to observe this quality. Additional comments are appreciated and can be continued on the reverse side of this page. Upon completion, place in the envelope provided by the student and sign across the seal.

Category	Ranking						Comments
On time to class	1	2	3	4	5	n/o	
Meets Deadlines	1	2	3	4	5	n/o	
Completes Assignments	1	2	3	4	5	n/o	
Trustworthy	1	2	3	4	5	n/o	
Works Well with Others	1	2	3	4	5	n/o	
Participates in Class	1	2	3	4	5	n/o	
Makes Positive Contributions to Class	1	2	3	4	5	n/o	
Maturity	1	2	3	4	5	n/o	
Writing Skills	1	2	3	4	5	n/o	
Research Skills	1	2	3	4	5	n/o	
Leadership Skills	1	2	3	4	5	n/o	
Work Ethic	1	2	3	4	5	n/o	
Open-Mindedness	1	2	3	4	5	n/o	
Motivation	1	2	3	4	5	n/o	
Attitude	1	2	3	4	5	n/o	

**Additional Comments:**

Teacher Name \_\_\_\_\_

Specific Relationship to Applicant (English teacher, math teacher, etc.) \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_