



Career Intern Program

CONFIDENTIAL

CAREER INTERN PROGRAM (CIP) EDUCATOR'S RECOMMENDATION

EDUCATOR: Please rate this student on the following characteristics and return this form to the **CIP Faculty Advisor, (CHS: Katarina Gasevski; FHS: Jill Hall; SHS: Laurie Christenson) by Wednesday, February 28, 2024.** Leave blank any characteristics that are not observed. This information will be kept confidential and will NOT become a part of the student's permanent record. **Please do NOT fill out this form if the student's signature is missing.**

Thank you for taking the time to complete this recommendation!

Student: _____ **High School:** _____
Please Print

Educator: _____ **Teaching Area:** _____
Please Print

		Please Circle Answer					
		High	Avg.		Low		
1.	Motivation – the desire to achieve	1	2	3	4	5	6
2.	Dependability – meets commitments	1	2	3	4	5	6
3.	Appearance – appropriate dress and grooming	1	2	3	4	5	6
4.	Sensitivity – relating well to a variety of people	1	2	3	4	5	6
5.	Independence – ability to work without constant supervision	1	2	3	4	5	6
6.	Maturity – seriousness in approach	1	2	3	4	5	6
7.	Creativity – ability to generate ideas	1	2	3	4	5	6
8.	Perseverance – pursue goals despite setbacks	1	2	3	4	5	6
9.	Leadership – Shows leadership ability in a group setting	1	2	3	4	5	6
10.	Attitude – a positive outlook	1	2	3	4	5	6
11.	Promptness – is punctual and attends class regularly	1	2	3	4	5	6
12.	Comments (use back of sheet if more room is needed): Educator's Signature: _____ Date: _____						

TO BE COMPLETED BY STUDENT (BEFORE GIVING TO EDUCATOR)

I request the teacher I have indicated above to rate my qualifications for consideration as a career intern. I understand that this information is confidential and will only be used in the CIP screening process.

Student's Signature: _____ Date: _____