CONFIDENTIAL TEACHER RECOMMENDATION

Gents & Jewels of Character Teacher Recommendation

The applicant must obtain two confidential recommendations. Give one copy of this two-page form to each of two current or recent teachers. With prior MWCO approval, one recommendation may come from a counselor, principal, school coach, advisor, or youth-program educator when two teachers are not reasonably available. The recommender should return the completed form directly to MWCO and not through the applicant.

Information	Response
Direct submission email or link	
Submission deadline	
Applicant name	
Teacher name and title	
School and department	
School email and phone	
Subject or role through which you know the applicant	
How long you have known the applicant	

Applicant Rating

Area	Exceptional	Strong	Developing	Concern	Not Seen
Academic effort and follow-through	☐	☐	☐	☐	☐
Integrity and honesty	☐	☐	☐	☐	☐
Respect and teamwork	☐	☐	☐	☐	☐
Responsibility and accountability	☐	☐	☐	☐	☐
Leadership and service potential	☐	☐	☐	☐	☐
Communication and self-expression	☐	☐	☐	☐	☐
Resilience and response to feedback	☐	☐	☐	☐	☐
Readiness for a structured commitment	☐	☐	☐	☐	☐

Use Not Seen when you have not had enough opportunity to observe an area.

TEACHER RECOMMENDATION NARRATIVE

Professional Observations

What three words or phrases best describe this applicant?

_____

_____

Describe the applicant's character, maturity, and relationships with peers and adults.

_____

_____

_____

_____

Give one example of perseverance, leadership, responsibility, service, or meaningful growth.

_____

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_____

What setting, support, or encouragement helps this applicant do their best?

_____

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_____

Is there anything MWCO should understand to support this applicant appropriately? Do not disclose confidential disability, medical, disciplinary, or family information unless authorized and necessary.

_____

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_____

Overall Recommendation

☐ Recommend enthusiastically ☐ Recommend ☐ Recommend with a support plan ☐ Unable to recommend at this time

May MWCO contact you for clarification? ☐ Yes ☐ No

I certify that this recommendation reflects my honest professional observations.

Signature	Printed Name	Date
Teacher		