

NHS MEMBERSHIP APPLICATION - TEACHER RECOMMENDATION

(Student Name – Please Print)

(Grade)

Student Directions: Print your name in the space above. Have two (2) of your high school teachers complete and submit a copy of this form to Mrs. Thompson **NO LATER THAN October 16**. It is your responsibility to make sure that your **teacher returns the recommendation** to Mrs. Thompson on time. *You may check with Mrs. Thompson periodically to see if your teachers have returned your recommendations.*

Teacher Directions: The above named student is applying for membership in the Horseheads High School Chapter of the National Honor Society. This recommendation will help the NHS Faculty Council get a better picture of the student's character and leadership ability. Please complete and return this form to Mrs. Thompson **NO LATER THAN OCTOBER 16**.

Please do not accept recommendations if you are not certain you can complete them in the time allotted – this will jeopardize the applicant's chances of entry to the society.

Please rate the student, to the best of your knowledge, by circling a score from 1 to 5.
(1 = very bad, 2 = not good, 3 = good, 4 = very good, 5 = great)

1. How well do you know the student?	1	2	3	4	5
2. How are the student's academic abilities in class?	1	2	3	4	5
3. How are the student's leadership abilities in class?	1	2	3	4	5
4. What level of integrity does the student demonstrates in class?	1	2	3	4	5
5. How trustworthy and dependable is the student?	1	2	3	4	5
6. How is the student's class attendance?	1	2	3	4	5
7. What is the quality of the student's completed assignments?	1	2	3	4	5
8. How would you describe the student's attitude in class?	1	2	3	4	5
9. How strongly do you recommend this student to the NHS?	1	2	3	4	5

Name: _____

Signature: _____

Feel free to make any additional comments in the space below, but please do not go to the back of the page.