

INSPIRE Sheboygan County CO-OP Program
FACULTY RECOMMENDATION FORM

(2 required- 1 from a teacher of a related course, 1 from a teacher of your choice.)

Student Name: _____

The above student has expressed interest in applying for a Cooperative Education Program. Please provide your recommendation below.

In what classes or activities have you observed this student? _____

	Needs Help	Average	Good	Excellent
Punctuality				
Teamwork				
Communication Skills				
Reliability				
Academic Performance				
Initiative				
Qualities of Leadership				

Please give specific examples of why you believe this student will be successful in the co-op program:

If applicable, please explain any "needs help" ratings:

(Date)

(Print Name)

(Signature)