

EDGE Program – Teacher Reference Form

Student Name: _____

STUDENT: A teacher needs to make a recommendation of you for the EDGE program. (Ask politely and give them this page)**TEACHER:** Please think about all the students you have taught in your entire career as you complete this form.

	<u>High</u>				<u>Low</u>
Maturity	5	4	3	2	1
Self-Awareness	5	4	3	2	1
Responsibility	5	4	3	2	1
Initiative	5	4	3	2	1
Teamwork	5	4	3	2	1

Any comments on the student:


When complete, please return DIRECTLY to Terry Stead's mailbox (**Do not** return it to the student) Thank you!

Teacher Name (printed): _____

Signature: _____

DUE DATE: THURSDAY FEBRUARY 11TH AT NOON