

**Recommendation Form
2017 DMTC Theater Arts Award**

Student: _____ High School: _____ Grade: _____

This recommendation completed by: _____ Title: _____

Please rate the student on each of the following areas of personal competence:

(Please check the appropriate box)

Shows genuine interest in theater arts:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Fulfills obligations/agreements/contracts:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Accepts constructive criticism:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Assumes responsibility:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Is motivated to develop new skills:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has good work habits; is disciplined:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Has positive attitude:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Shows potential for more advanced study:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A
Makes positive team contributions:	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> N/A

Please check one:

I Highly recommend Recommend Recommend with reservation Do not recommend
that this student be given the DMTC Theater Arts Award.

Special consideration should be given to this student because:

Signature _____ (include if hard copy) Date _____

PLEASE RETURN TO STUDENT TO INCLUDE IN APPLICATION PACKET. A SEALED ENVELOPE MAY BE USED.
YOU MAY ALSO EMAIL THIS FORM DIRECTLY TO **SCOTT DAUGHERTY, AWARD COORDINATOR, AT**
sdaugherty@djusd.net