**Basketball Teacher Recommendation Sheet**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Students should have the top filled out for you. Please take a few minutes to rank the characters and abilities of the above student.

**Rank “0” as the lowest and “5” as the highest.** Thank you for taking the time to complete this.

Please return to Coach Kiker’s box By October 5th.

1. Is this student respectful? \_\_\_\_\_\_\_
2. Is this student attentive in class? \_\_\_\_\_\_\_
3. How well does this student interact with others? \_\_\_\_\_\_\_
4. Is the student capable of balancing basketball & academics? \_\_\_\_\_\_\_
5. Do you recommend this student for basketball? \_\_\_\_\_\_\_
6. Does this student finish class work / homework? \_\_\_\_\_\_\_
7. Does this student come prepared for class? \_\_\_\_\_\_\_

1. Is this student tardy and/or absent from class often? \_\_\_\_\_\_\_

Rate student’s behavior according to discipline slips (referrals) given out this school year?

(**0**-more than 9, **1**-8or 7, **2**- 6 or 5, **3**- 4 or 3, **4**- 2 or 1, **5**- none at all) \_\_\_\_\_\_\_

**TOTAL**

Did this student ever need to be disciplined by you, and if so, what was the offense? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this student passing his/her classes?

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Additional Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_