

Music Department Leadership Application: Recommendations

Applicant Name _____

Position Applying for _____

Have five classmates sign this form. By signing this form your classmates indicate they believe you would be successful in this position. Signatures are not votes so there is no need to collect more than five. Place this form in my in-box when you have collected five signatures.

1. _____
2. _____
3. _____
4. _____
5. _____

_____ Cut here _____

My student _____ is applying for a leadership position of _____ and needs your recommendation. Please rate the student on a scale of 1-5 (5 being highest) on the following traits. Feel free to add comments. They should also give you an envelope with this form. Please seal the envelope then put it in my box. Please DO NOT give it back to the student. You may also email me at jon.sachs@oxnardunion.org if that works better.

Thanks,

Jon Sachs
Music Director

Teacher: _____

1. Reliability: 1 2 3 4 5

2. Organization skills: 1 2 3 4 5

3. Attitude: 1 2 3 4 5