

CHS BAND LEADERSHIP - TEACHER RECOMMENDATION FORM

Students - Complete this portion, then give it to your teacher of choice to complete.

Name: _____

Due Date: **April 23, 2024**

Desired Position (circle all that apply):

Drum Major

Auxiliary Captain

Section Leader

Teachers - Please complete this portion, then return the form to Adam Murphy's box.

Please rate the student on a scale of 1 - 5 (1 = poor, 5 = excellent) on the following criteria:

Responsibility: 1 2 3 4 5

Dependability: 1 2 3 4 5

Attitude: 1 2 3 4 5

Initiative: 1 2 3 4 5

Communication: 1 2 3 4 5

Teamwork: 1 2 3 4 5

Comments:

Teacher Name: _____

Teacher Signature: _____

Date: _____

****TEACHERS - PLEASE RETURN THIS FORM TO ADAM MURPHY'S TEACHER BOX****