



George M. Steinbrenner High School PTSA Senior Scholarship Teacher Recommendation Form

Student Name _____

Teacher Name _____

TEACHER DIRECTIONS: The above named student is being considered for a PTSA Scholarship. The selection committee will use your recommendation to determine if he/she meets the PTSA’s high standards of service, leadership, and character. Please complete the survey and turn in the completed form to the **PTSA mailbox** in the front office no later than **Friday, February 3rd, 2023**. If you have questions or comments, please contact gshsptsascholarship@gmail.com

PRIVACY NOTE: Your input will be treated as confidential information by the Steinbrenner PTSA. Students and/or parents will not have access to the information you provide.

		Below average	Average	Above Average	Excellent (top 10% this year)	One of the top few I have ever met
		1	2	3	4	5
Academic Ability	Academic Performance					
	Oral Communication Skills					
	Written Communication Skills					
	Curiosity					
Work Ethic	Attitude					
	Initiative					
	Ability to Work Independently					
	Responsibility					
Peer Relationships	Empathy					
	Cooperation					
	Interactions with Peers					

Comments/Additional feedback:



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Signature: _____

Date: _____