



APPRENTICESHIP MARYLAND PROGRAM

QACPS Youth Apprenticeship Maryland Counselor/Teacher Recommendation Form

Counselor/Teacher: Please submit this completed form to Adam Tolley, Supervisor of CTE, at adam.tolley@qacps.org

Student Information

Full Name: _____ Date: _____
Last *First* *M.I.*

School: _____ Grade: _____

Counselor/Teacher Name: _____

Phone: _____ Email: _____

Student Evaluation

Student Characteristic	Above Average	Average	Below Average
Attendance/Punctuality			
Responsibility			
Quality of Work			
Dependability/Reliability			
Team Player/Cooperation			
Work Ethic			
Organization			
Uses Good Judgement			
Additional Comments			