Jump Start
Teacher Reference Form

Instructions: Counselor will fill in the blanks for items (a) through (c):
(a) Please return this completed form to Counselor ______________________ by _____________.
(b) Name of Student Applicant for Jump Start: ____________________________________________
(c) Name of Teacher listed by the student as a reference: _________________________________

As a reference for the above-named student, please respond to the questions below:
1. Is the student responsible in class?  Yes_____ No_____
   Comments:

2. Does the student generally complete class assignments on time?  Yes_____ No_____
   Comments:

3. Does the student attend class regularly and on time?  Yes_____ No_____
   Comments:

4. Does the student behave appropriately in class?  Yes_____ No_____
   Comments:

5. Does the student generally have a positive attitude?  Yes_____ No_____

6. Would you recommend the student for the Jump Start program?  Yes_____ No_____
   Comments: