



BAND PROGRAM STUDENT LEADERSHIP PROGRAM

Applicant's Name _____

TEACHER RECOMMENDATION _____

Teacher Name _____

Course Name _____

Period (circle) 1 2 3 4 5 6 7 Extracurricular

*The student named at the top of this form is applying for a leadership position in the University Band.
Based on your experience with this student, please rate him/her in the following areas:*

	← Worst				Best →
Academic Performance	1	2	3	4	5
Punctuality/Attendance	1	2	3	4	5
Confidence	1	2	3	4	5
Attitude/Character	1	2	3	4	5
Respectfulness	1	2	3	4	5
Leadership Ability	1	2	3	4	5

Do you recommend this student for a leadership position in the University Band? YES / NO

Please provide any additional comments you have on this student's character, personality, performance, or any other information you may find relevant.

Date ____ / ____ / _____

Teacher Signature _____

This form can be returned to the student, brought to the band office, or placed in Mr. Brown's mailbox.