

# SHELBY COUNTY BOARD OF EDUCATION

*2017 Career Ready! Summer Internship Program*

*June 5, 2017-July 14, 2017*

## Recommendation Form

### APPLICANT:

Please complete the top portion of this recommendation form and submit the form to two people (non relatives) who know you. At least one of the recommendations must be from one of your instructors. **All supplemental forms must be submitted in order to have a completed application. Completed forms must be submitted by March 24, 2017.**

#### Name of Applicant:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

#### Recommender Name and Contact Information:

First Name: \_\_\_\_\_

Last Name : \_\_\_\_\_

Organization Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### RECOMMENDER:

Shelby County Schools is pleased to announce its 2017 Career Ready! Summer Internship Program. This year's internship placements are for a period of six (6) weeks, from June 5, 2017 thru July 14, 2017. The goal of this innovative program is to provide students with authentic experiences. In order for students to participate in the "Internship Program" they must be a rising junior, rising senior, or 2017 graduate and are willing to intern in a local business, health agency, or nonprofit organization.

We are eager to learn from you the applicant's aptitude, strengths, weaknesses and personal characteristics as demonstrated by your experiences with him/her. Please think about the applicant and his/her capacity to work and participate in an educational program, level of personal responsibility, reliability, maturity and ability to work with others including taking responsibility of teenagers and communicating with peers.

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CHARACTERISTICS	Excellent	Very Good	Good	Average	Below Average	Unable to judge		
<b>INTELLECTUAL CAPACITY:</b> Ability to ingest, integrate and work with a large quantity of information								
<b>MOTIVATION:</b> Genuineness and depth of commitment to their professional career interest								
<b>INTERPERSONAL RELATIONS:</b> Ability to get along with others, rapport, cooperation, attitude toward supervisors/authority figures								
<b>ANALYTICAL SKILLS:</b> Ability to problem solve, correlate and process information, and to think critically								
<b>JUDGEMENT:</b> Ability to evaluate a problem involving people, common sense and decisiveness								
<b>MATURITY:</b> When something reaches its full level of development, it has achieved maturity for example: Our maturity-we keep focus and keep staying on track to what we're trying to accomplish.								
<b>ORAL COMMUNICATION:</b> The ability to talk with others to give and exchange information and ideas such as: ask questions, give directions and coordinate work tasks								
<b>RESOURCEFULNESS:</b> Ability to discover new resources and to manage new and already present resources skillfully								
<b>RELIABILITY:</b> Dependability, sense of responsibility, promptness, and conscientiousness								
<b>COMMUNICATION SKILLS:</b>	Verbal skills, clarity of expression and articulation							
	Clarity and conciseness of written expression							
<b>Overall Recommendation:</b>	<input type="checkbox"/> This applicant receives my highest recommendation		<input type="checkbox"/> I recommend this applicant with confidence		<input type="checkbox"/> I recommend this applicant		<input type="checkbox"/> I would not recommend this applicant	

**RECOMMENDER: PLEASE COMPLETE QUESTIONNAIRE**

1. How long have you know the applicant and in what capacity?
2. What characteristics do you consider to be talents, strengths and weaknesses of the applicant on page 2?
3. Which of your classes has the student attended?
4. Have you interacted with the student outside the regular classroom? \_\_\_\_\_  
If yes, please describe briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Please address any additional information about the applicant that will help make a determination of eligibility to participate in the “2017 Summer Career Internship Program”.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Evaluator’s Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
School/Affiliation

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone