Manual High School National Honor Society
TEACHER RECOMMENDATION

Student Name: _____ Grade: _____ Magnet: _____

I waive my right to review this form. Student Signature: _____

I waive the rights of the parents to review this form. _____
Parent/Guardian Signature:

PARENTS & APPLICANTS PLEASE NOTE, THE REVIEW COMMITTEE ONLY REVIEWS RECOMMENDATIONS THAT YOU HAVE WAIVED YOUR RIGHTS TO REVIEW.

TEACHERS, PLEASE READ!!!

In order to help us in the selection process, please fill out the following evaluation. Due to the high standards of the Faculty Council it is unlikely that any candidate will obtain membership unless they are at least in the "Very Good" level of scholarship, service, leadership, and character. Thus, scores in the shaded area will probably lead to non-acceptance. Also please note, NHS Officers WILL see this recommendation.

	Below Average	Average	Good	Very Good	Excellent (top 5%)
Motivated					
Independent/Displays Initiative					
Dependable					
Courteous					
Resourceful					
Has a Positive Attitude					
Honest					
A Leader					

PLEASE NOTE THAT ANY RATINGS IN THE SHADED AREA WILL PROBABLY CAUSE THE APPLICANT TO BE DENIED NHS MEMBERSHIP!!!!

99.9% of Manual's National Honor Society members have an overall recommendation of "Strongly" or "Enthusiastically".

Overall, I recommend this student for National Honor Society (circle one):

Enthusiastically Strongly Moderately With Reservation

AGAIN PLEASE NOTE THAT ANY RATINGS IN THE SHADED AREA WILL PROBABLY NOT ALLOW THE APPLICANT TO BECOME A NHS MEMBER!!!!

Any further comments (**Not needed, but welcomed**):

Name: _____ Signature: _____
Please submit this form to Dr. Rash by the last day that school is in session during the month of February (do NOT give it to the student). You may either place it in his mailbox or deliver the form to Room 206. Thank You!