***National Honor Society Student Information Packet 2019***

Teacher/ Mentor Recommendation Form

**Student Instructions**: Please put your name on the top of this form and give it to **four of your past** high school teachers, or any community mentors that know you well. Please, remember to fill out the teacher name, and class subject area below, and allow your teachers more than ONE day to fill out this form, since it will be a busy time of year! \*Students-**YOU NEED** **FOUR OF THESE, *please make copies*!! ☺**

**NHS Candidate’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher/ Mentor Instructions**: The above student is seeking membership to the National Honor Society. Please evaluate this applicant based on the following criteria. Observe that all categories are to be rated on an excellence scale of one to ten, and that the higher number means this student is extrordinary in this category! Also, please add any comment that you feel is necessary to benefit, or explain the student’s rating. Finally, **sign your name in ink** at the bottom of this page for verification purposes. \*If you are a community mentor, please add your phone number for verification. \*\*Thank you for your support!

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initiative** 1 2 3 4 5 6 7 8 9 10

**Citizenship** 1 2 3 4 5 6 7 8 9 10

**Integrity** 1 2 3 4 5 6 7 8 9 10

**Emotional** 1 2 3 4 5 6 7 8 9 10

**Control**

**Teacher’s / Mentor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please sign in ink!**

**Teacher’s Name/ Mentor (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #\_\_\_\_\_\_\_\_\_\_**

**(phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Additional Comments (on reverse side if needed):**

**THANK YOU FOR YOUR TIME!**

**Please return to Ms. Cari Littlefield in Room C203, Mr. Sean McGowan in Room O221 or in either of our mailboxes on or before October 11th , 2019! \*\*Please do not send this form with a student UNLESS IT IS IN A SEALED ENVELOPE, due to confidentiality. Mentors send to: Cari Littlefield, 24675 Lahser Rd.,Southfield, MI 48075 or cari.littlefield@southfieldk12.org**