



# ORIENTATION TEAM RECOMMENDATION FORM

Student Name: \_\_\_\_\_

THE ABOVE LISTED STUDENT IS APPLYING TO BECOME A MEMBER OF THE ORIENTATION TEAM. PLEASE COMPLETE AND RETURN TO THE REGISTRAR'S OFFICE. DO NOT RETURN THIS FORM TO THE STUDENT. EVALUATE THIS STUDENT ON THE FOLLOWING CRITERIA:

	EXCELLENT	FAIR	POOR
ATTENDANCE			
ATTITUDE/WILLINGNESS TO HELP			
DEPENDABILITY			
COMMUNICATION SKILLS			
APPEARENCE/GROOMING			
PARTICIPATION			

YES, I RECOMMEND THAT THIS STUDENT BE INTERVIEWED TO BECOME A MEMBER OF THE ORIENTATION TEAM.

NO, I **DO NOT** RECOMMEND THAT THIS STUDENT BE INTERVIEWED TO BECOME A MEMBER OF THE ORIENTATION TEAM.

IF NO, PLEASE GIVE REASONS WHY NOT:

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_