



Educator Recommendation Form

Work-based Learning Opportunity

Dear Recommending Educator,

Thank you for completing this form to recommend a student for a work-based learning opportunity, job shadowing or an internship, aligned with their career interests.

Student Name:	
School Name:	Student Grade Level:
Student's Career Interest / IGP Major:	
Has student earned an average of 80 or higher in your class to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does student meet acceptable standards for attendance and discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide a few sentences about this student's overall performance in school and how a work-based learning opportunity will be beneficial:

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By signing this form, you verify the student recommended above is ready to maximize a work-based learning experience.

Educator Name (Print)	
Educator Signature	Date: