

**Early Start Development Inc.**  
**MENTORING TEACHER RECOMMENDATION FORM**

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

School Name: \_\_\_\_\_ District: \_\_\_\_\_

Which Mentoring Program are you recommending: PEARLS \_\_\_\_\_ ONYX \_\_\_\_\_

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments.

Activity	Needs Improvement					Excellent	Comments
	1	2	3	4	5		
Attends school on a regular basis	1	2	3	4	5		
Is on time to class	1	2	3	4	5		
Completes class assignments on time	1	2	3	4	5		
Displays school pride	1	2	3	4	5		
Respects and honors school environment	1	2	3	4	5		
Shows positive attitude in class	1	2	3	4	5		
Gets along well with others	1	2	3	4	5		
Demonstrates eagerness and capacity to learn	1	2	3	4	5		
Engages in school activities	1	2	3	4	5		
Shows ability to make and keep commitments	1	2	3	4	5		
Receptive to new ideas	1	2	3	4	5		
Accepts responsibility	1	2	3	4	5		
Demonstrates initiative	1	2	3	4	5		

With which school subjects could a mentor help the student? \_\_\_\_\_

\_\_\_\_\_

In what other areas could the student use help from the mentor? Check all that apply and add your comments:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Time management        | <input type="checkbox"/> Organizational skills | <input type="checkbox"/> Interpersonal skills |
| <input type="checkbox"/> Leadership skills      | <input type="checkbox"/> Communication skills  | <input type="checkbox"/> Job-related skills   |
| <input type="checkbox"/> Other, please comment: |  |   |

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What do you see as the student's area(s) of strength?

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As mentees, students are required to make contact with their mentor at least once a week, attend monthly support meetings or activities, consistently write in their journals (age appropriate) and participate in regularly planned activities. Would this student be able to carry out the responsibilities of being a mentee in the program? We encourage mentees to participate in the mentoring program for at least 9 months consistently.

Yes       No

Is there anything else you would like to make us aware of as it relates to the student you are recommending to our program: \_\_\_\_\_

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Signature of Teacher

\_\_\_\_\_  
Date