

4. Please list any training or experiences you have that would make you a good team member in this classroom environment:

5. What do you feel would be appropriate topics to teach to high school students with disabilities? **Why?**

List an **HHS staff member** who would recommend you to be part of this class below:

Name: _____

List a **non-related reference** (from the community) that would recommend you to be part of this class below:

Name: _____ **Phone Number:** _____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Applications must be returned to Mrs. Budimlija (Room C152) or Ms. Loomans (Room G113) by **1/29/2022**

Recommendations must be returned to Mrs. Budimlija (Room C152) or Ms. Loomans (Room G113) by **2/18/2022**

L.E.A.D.E.R.S.

Leadership, Education, and Development in Equality, Respect, and Socialization

Community Member Recommendation Form 2022-23 School Year

The LEADERS program is a unique opportunity to develop friendships between students with and without disabilities in a safe and nurturing environment. Students work with a partner to learn valuable life skills and participate in community outings. Regular education students will gain an awareness of individuals with special needs, experience working with special education students, and career exploration in related fields. Regular education students will plan and conduct teaching units during the semester. Students in this program must complete an application process.

The below student has signed up for the LEADERS program. To complete the necessary application, the student needs to have recommendations to help us get a better idea of our future classroom population. Please complete and return this form to Hortonville High School in a sealed envelope labeled Attention: Emily Budimlja, 213 Warner Street, Hortonville, WI 54944. We appreciate your time in filling out this form!

Recommendations must be returned to Mrs. Budimlja by 2/18/2022

Student Name: _____

The following checklist is provided to give us an accurate assessment of the student. We hope that it will provide a convenient method to describe the candidate in summary form.

	Below average	Average	Above average	Excellent	No basis for judgment
responsibility					
attitude					
effort					
Interpersonal skills					
Personal values and ethics					
Problem solving skills					
Creative thought					
Motivation					
Leadership skills					

It is helpful for us to understand in what capacity you have worked with this student. Please explain how you know them.

Please give reasons for any of your ratings. We find an explanation for the significance of ratings to be very helpful.

Please make other comments that indicate your estimation of this student's qualification for this program.

Please check one:

I recommend the above student for this program.

I do not recommend the above student for this program.

Name: _____ **Signature:** _____

(Please Print)

Phone Number: _____

Recommendations must be returned to Mrs. Budimlija by 2/18/2022

This can be done by mail using the mailing address given above, or through email:

emilybudimlija@hasd.org

L.E.A.D.E.R.S.

Leadership, Education, and Development in Equality, Respect, and Socialization

HHS Staff Member Recommendation Form 2022-23 School Year

The below student has signed up for the LEADERS program. To complete the necessary application, the student needs to have recommendations to help us get a better idea of our future classroom population. Please complete and return this form to Emily Budimlija's mailbox. We appreciate your time in filling out this form!

Recommendations must be returned to Mrs. Budimlija by 2/18/2022

Student Name: _____

The following checklist is provided to give us an accurate assessment of the student. We hope that it will provide a convenient method to describe the candidate in summary form.

	Below average	Average	Above average	Excellent	No basis for judgment
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It is helpful for us to understand in what capacity you have worked with this student. Please explain how you know them.

Please give reasons for any of your ratings. We find an explanation for the significance of ratings to be very helpful.

Please make other comments that indicate your estimation of this student's qualification for this program.

Please check one:

I recommend the above student for this program.

I do not recommend the above student for this program.

Name: _____ **Signature:** _____
(Please Print)

Recommendations must be returned to Mrs. Budimlja by 2/18/2022

LEADERS Application Evaluation**Student Name:**

<i>criteria</i>	1	2	3	4	Total Score
Career goal	No specific goal	Wants to work in the human service field	Wants to work with students with special needs	Matches career goal and wants to gain teaching experience	
Experiences working with SE or SN	No experience	Would like to gain experience	Has had some experience	Routinely works with SN or SE	
Staff recommendation score	Below average	Average	Above average	Excellent	
Community recommendation score	Below average (0-15)	Average (16-24)	Above average (25-30)	Excellent (31-36)	
Application completeness	Not completed	Missing two items or not thorough	Missing one item or not thorough	Everything in on time and thoroughly completed	

Other qualities/comments:**Grand Total:**