

Power of Peers
Recommendation Letter

POP Reference for _____ (Students Name)

Please answer the following questions to the best of your ability. **Return this recommendation (in a sealed envelope) to Ms. Cindy Inman**

1. Do you have firsthand knowledge of the skills that the student possesses?

2. What are 3 positive skills that this student possesses that make him/her a good candidate for the POP program? _____

3. Do you feel this student can contribute to the program without negative consequences to his/her grades? _____

4. What do you feel comfortable sharing about this student that will help us to make a good decision regarding his/her acceptance into the POP program? _____

5. Do you have any reservations or concerns regarding this student's participation in the POP program? _____

Teacher Printed Name _____

Teacher Signature _____

Date _____