

Teacher's Aide Application 2013 - 2014

Student Name _____ Grade: _____ Student ID# _____

1. Why do you want to be a teacher's aide?

2. What is your GPA? (2.0 minimum required)

4. Do you have any N's or U's in Citizenship?

Parent Signature _____ Date _____

Give this form to a teacher with whom you want to give you a recommendation no later than Wednesday, January 29th. The teacher will then turn in the application to the Counseling Office.

Teacher Recommendation

Please fill out and return to the Counseling Office as soon as possible. No later than January 31st.

Recommending Teacher Name:

Rate the student from 1-10 (10 being the best)

(1 2 3 4 5 6 7 8 9 10)

1. Should this student be a Teacher's Aide? Yes No

2. Comments: _____

Return to the Counseling Office by January 31st! Thank You!