



New Bedford Art Museum/Artworks!

TEEN ARTIST INTERNSHIP PROGRAM 2017

TEACHER RECOMMENDATION FORM

(To be completed by art teacher or guidance counselor only)

Student Information

Student Name: _____

Last

First

Middle

High School: _____ Grade: _____

Please score your student on a scale from 1-5 (1- below average/ 5-excellent) on the following items. If a comment is needed, please provide one in the far right column.

Skill	Score	Comment
Self-Motivated		
Completes Assigned Tasks		
Responsible/Maturity		
Respect for others/authority		
Reaction to Set-Back		
Other:		

Please give a short answer about why you are recommending this student for the Teen Artist Internship Program with ArtWorks!

Subject Taught: _____

Contact Phone #: _____

 Printed Name

 Date

 Signature

 Date