INDIANA WORKFORCE DEVELOPMENT

WorkEthic Certification: Teacher Identification List

Student Name:_____
(Please Print) *First* *M.I.* *Last*

School:_____
Name *City* *County*

Instructions: Please list four individuals that you will have during the current school year who will rate you for the following WorkEthic Certification standards: *Organization*, *Punctuality*, *Respectfulness*, and *Teamwork.* The evaluating individuals should include teachers and another individual such as a counselor, school administrator, club sponsor, coach, internship supervisor or a community service director.

#1:_____ (required)

#2:_____ (required)

#3:_____ (required)

#4:_____(required)

#5:_____ (optional)

#6:_____ (optional)

#7:_____ (optional)

Submit this list to your Designated School Liaison by the end of the day on _____.

Revision 08/20/07