

## Missouri Music Educators Association Work Crew Technician Recommendation Form

(To be completed by College Instructor)
Please print

Student Name:					
Name of College or Uni	iversity:				
Year in School (please	circle one): F	r. So.	Jr. Sr.	Grad.	
Recommender's Name:					_
Recommender's e-mail:	Phone:				<u> </u>
	Please complete th	e following to th	he best of your kno	owledge.	
Abilities & Characteristics	Exceptional	Superior	Above Average	Average	Below Average
Responsible					3
Punctuality					
Leadership					
Reliable					
Initiative					
Ability to work with others					
Additional Comme	ents:				
Please indicate the str	ength of your ove	erall recomme	endation:		
Recommend mos	t highly	Recomme	nd I	Recommend wi	th reservations
Signature:				Date:	

Mail to: David Goodwin 1813 Boyd St Chillicothe, MO 64601 conferencemgr@mmea.net