



Instructions for Application Student Leadership Team

Thank you for taking the time to apply for the Student Leadership Team (SLT) for the 2018-2019 School Year. Please follow the steps below in filling out your application packet so the selection process for the leadership team can take place. You must fill out this application and sign up for the Student Leadership Team in order to be considered.

1. Read and sign the “*Personal Commitment Statement*” found in this packet. Your parent/guardian must read and sign it as well. This tells us that you are willing to take the time required to be a part of the SLT.
2. Fill out the “Application for Student Leadership Team”. This portion carries the most weight for your acceptance, so be sure to put some thought into your answers.
3. Fill the “student name”, “teacher name,” and “class” lines of all four “Recommendation for Student Leadership Team” forms.
4. Give a copy of the “Recommendation for Student Leadership Team” form to **3 different teachers** and **1 member of the community** that is familiar with you (ex: Pastor, Youth Leader, Coach, Boy Scouts/Girl Scouts Leader).
5. Make sure all portions of the “Student Leadership Team” forms are filled in, including the “Personal Commitment Statement”, and return to office when completed. (Teachers will not return the “Recommendation for Student Leadership Team” form to you, they will turn in to the office separately.)

**Your application needs to be completed and turned in to the office by:
September 13, 2019**

Student Leadership Team Personal Commitment Statement

Name: _____

Grade: _____

Please take a moment to read the following:

Being on the Student Leadership Team (SLT) is a huge responsibility for both the student and the parent(s). As a student leader, you will be responsible for attending meetings and some school events. Parents should make sure their children have reliable transportation to get to designated areas. Also, parents need to be there to support their children in any events they have. Furthermore, students in the SLT will be required to maintain an A/B average throughout the year.

Students that do not have an A/B average at the end of the six weeks will be placed on probation. Any student that does not bring up their average once he/she is placed on probation will not be able to participate on the SLT.

If you have read and understand the above clearly and are willing to accept the challenge; which will be a fun and rewarding experience, then go ahead and sign the bottom.

Student Name _____

Student Signature _____

Parent Name _____

Parent Signature _____

Student Leadership Team Application

Name: _____

Grade: _____

Homeroom Teacher: _____

The reason I want to be a member of the Student Leadership Team (SLT) is:

Some things I have done at school or outside of school that I think would help me be a good SLT member are:

1. _____

2. _____

3. _____

What can the SLT do to make our elementary a better place?

1. _____

2. _____

3. _____

What is the biggest problem facing our elementary students in general?

What makes you a great leader?

List the names of the 3 teachers you have given a SLT recommendation form to:

1. _____

2. _____

3. _____

Recommendation for Student Leadership Team (Teacher Form)

Please have (3) teachers complete a copy of this form.

Teachers: Please do NOT return this form to the student. The more information you can give me, the better our leadership team can represent our school. Thank you for your help.

Student name: _____

Teacher name: _____

How long have you known this student? _____

On a scale of 1 to 5 (1 being poor and 5 being excellent), please rate the student on these qualities.

- | | |
|--------------------------------|-----------|
| 1. Leadership | 1 2 3 4 5 |
| 2. Cooperation | 1 2 3 4 5 |
| 3. Initiative | 1 2 3 4 5 |
| 4. Dependability | 1 2 3 4 5 |
| 5. Workmanship | 1 2 3 4 5 |
| 6. Communication Skills | 1 2 3 4 5 |
| 7. Ability to work with others | 1 2 3 4 5 |
| 8. Trustworthiness | 1 2 3 4 5 |
| 9. Problem Solving | 1 2 3 4 5 |
| 10. School Spirit/ Pride | 1 2 3 4 5 |

Do you recommend this student for the Student Leadership Team? _____

Additional comments?

**Recommendation for Student Leadership Team
(Community Leader Form)**

Please have one community leader complete a copy of this form.

Student name: _____

Community Member name: _____

Occupation: _____

How long have you known this student? _____

On a scale of 1 to 5 (1 being poor and 5 being excellent), please rate the student on these qualities.

- | | | | | | |
|--------------------------------|---|---|---|---|---|
| 1. Leadership | 1 | 2 | 3 | 4 | 5 |
| 2. Cooperation | 1 | 2 | 3 | 4 | 5 |
| 3. Initiative | 1 | 2 | 3 | 4 | 5 |
| 4. Dependability | 1 | 2 | 3 | 4 | 5 |
| 5. Workmanship | 1 | 2 | 3 | 4 | 5 |
| 6. Communication Skills | 1 | 2 | 3 | 4 | 5 |
| 7. Ability to work with others | 1 | 2 | 3 | 4 | 5 |
| 8. Trustworthiness | 1 | 2 | 3 | 4 | 5 |
| 9. Problem Solving | 1 | 2 | 3 | 4 | 5 |
| 10. School Spirit/ Pride | 1 | 2 | 3 | 4 | 5 |

Do you recommend this student for the Student Leadership Team? _____

Additional comments?
