



STATE SEAL OF CIVIC ENGAGEMENT Criteria 5 Recommendation Form



Please complete this form to indicate your recommendation of this Central Unified School District student's qualification for the State Seal of Civic Engagement. Please use the student's self-reflection to support your recommendation in numbers 5 & 6.

Student Name

Recommender Name

Email Address

Phone Number

How do you know the student? Please check all that apply:

- Mentor/Advisor
- Counselor
- Peer
- Teacher
- Administrator

Based on your observations (and your review of the student reflection), please answer all questions in the box below. If any box is left blank, this will indicate the project was not completed.

Portion of the Civic Engagement Project Cycle	Comments/Summary of how you have seen the student accomplish this
What is the issue the student was trying to solve?	
What did the student find out about the cause(s) of the problem and what is already being done to address the problem?	
How has the student attempted to address or solve the problem? What informed action did the student attempt to take?	
In your opinion, did the potential solution consider different perspectives? Was the potential solution realistic and well-researched?	
Who was the decision maker the student engaged with to advocate for a change in policy or course of action taken?	
How has the student demonstrated personal growth from engaging with the community or practicing their civic influence?	

If you would like to share anything else, please share it here:

If you have any attachments or more detailed recommendations, please attach it to this document: