



American Association of Teachers of German, Inc.

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2018 AATG Internship Program for College Students Recommendation Form

Please submit completed form to Program Coordinator April Hemphill, april@aatg.org.

I recommend that _____ be accepted to participate in the AATG College Internship Program. The applicant will have had ____ years of German at the end of this current academic year.

Please choose the student's level of performance for each of the following. For explanations of the levels of proficiency, view the ACTFL Proficiency Guidelines 2012, www.actfl.org/files/public/ACTFLProficiencyGuidelines2012_FINAL.pdf

	Intermediate Low	Intermediate Mid	Intermediate High	Advanced Low	Advanced Mid or higher
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please **attach a letter** describing the student's character, emotional maturity, mental stability and any other information you may feel is of importance.

Your name _____

Institution name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____