

Student Recommendation Form

| Academic Ratings | N/A | Below Average | Average | Above Average |
|--------------------|-----|---------------|---------|---------------|
| Ability | | | | |
| Motivation | | | | |
| Independence | | | | |
| Creativity | | | | |
| Written expression | | | | |
| Verbal expression | | | | |

What do you consider to be the applicant's greatest strengths?

What do you consider to be the applicant's chief weaknesses?

To your knowledge, has applicant had any history of physical or emotional problems?

YES NO If yes, please explain.

To your knowledge, has applicant had any history of involvement with alcohol, drugs, tobacco, suspension, expulsion or juvenile delinquency? YES NO If yes, please explain.

Please check one of the following:

I highly recommend _____ I recommend _____
 I recommend with reservation _____ I do not recommend _____

If the response is "recommend with reservations" or "do not recommend," please explain.

Signature _____ Date _____

Please check: Pastor _____ Youth and Children's Pastor _____ Principal _____ Current teacher _____

Former teacher _____ Friend _____ Other _____