



Recommendation Form (Confidential)

(To be filled out by a teacher, counselor or principal; All dates are in the form: month/day/year)

The information provided will be used in the pre-admissions process and will not become part of the permanent file.

Student's Name (Last, Middle, First): _____
 How long have you known this student? _____
 In what capacity have you known this student? _____

Rate the Student on the Following Criteria (for each row, place one "X" in the most applicable area)

	Excellent (Top 10%)	Above Average	Average	Below Average	Poor (Bottom 10%)
1. Ability to get along well with other students					
2. Politeness					
3. Self-Discipline					
4. Maturity					
5. Personal Appearance					
6. Study Habits and Organization					
7. Perseverance Under Pressure					
8. Leadership					
9. Self-Confidence					
10. Warmth of Personality					
11. Sense of Humor					
12. Concern for Others					
13. Reaction to Criticism					
14. Motivation					
15. Academic Ability					
16. Integrity					

If you answered "Average" or below to number three above (Self-Discipline), please explain your ranking:

Your Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Signature: _____ Date: _____