



RECOMMENDATION FORM



Student's Name _____

Person completing evaluations name _____

Relationship (i.e. teacher, supervisor, pastor, etc.) _____

Recommendations should not be from family members.

As part of the application process, please rate the student by circling the category that best describes the student in the following areas:

ACADEMICS:

Excellent Good Average Poor

ATTENDANCE:

Excellent Good Average Poor

ATTITUDE:

Excellent Good Average Poor

LEADERSHIP:

Excellent Good Average Poor

CHARACTER:

Excellent Good Average Poor

COMMENTS:

If more space is needed, please attach another sheet to this recommendation form)

Signature

Date