

Recommendation Form

The following student has requested a letter of recommendation to be sent to your school:

Student's Name _____

Telephone Number _____

Teacher or Principal's Name _____

Subject(s) Taught _____

Categorical Ranking:

Lowest

Highest

1	2	3	4	5	NR	Academic Ability
1	2	3	4	5	NR	Work Ethic
1	2	3	4	5	NR	Study Habits
1	2	3	4	5	NR	Respect for Others
1	2	3	4	5	NR	Leadership Abilities
1	2	3	4	5	NR	Spiritual Development
1	2	3	4	5	NR	Motivation
1	2	3	4	5	NR	Follow Through
1	2	3	4	5	NR	Initiative
1	2	3	4	5	NR	Maturity and recognition of personal responsibilities
1	2	3	4	5	NR	Enthusiasm and potential to succeed in high school

Additional comments on the student's strengths, weaknesses, special qualities, interests, and background if applicable: _____

Overall Recommendation (circle one)

RECOMMEND HIGHLY

RECOMMEND

DO NOT RECOMMEND

Signature _____ Date _____