



Additional Comments

1. Please comment on the student’s maturity in relation to his or her peers.

2. Please comment on the extent of the student’s need for prodding or supervision.

3. Are you aware of any emotional, physical, or behavioral problems of this student?

4. Are you aware of any cognitive or educational screening/testing administered to this student? If so, please explain how the results have been used to assist this student.

5. Has this student been involved in community service? If so, please comment on the type and frequency, as well as the student’s commitment to the endeavor(s).

6. Have the parents of this student been involved and supportive of this student’s school experience? Please explain.

Overall Recommendation

	Outstanding	Excellent	Very Good	Average	Below Average	Poor
As a student	⌵	⌵	⌵	⌵	⌵	⌵
As a person	⌵	⌵	⌵	⌵	⌵	⌵
Overall	⌵	⌵	⌵	⌵	⌵	⌵

Your Name (Please print) _____ Position _____ Date _____

Name of School _____ Telephone _____

Street _____ City _____ State _____ Zip _____

TRANSCRIPTS and TEST RESULTS to be included with this form

Thank you for taking the time to complete this form. Your comments are an important part of the application process.