Your candid assessment of this student will remain confidential. Thank you for your thoughtful consideration and comments.

PLEASE PRINT

Name of Student Applicant ______________________________________

Applying for Grade ___________ For school year beginning ________________

Relationship to student ______________________ How long have you known this student? ________ (principal, assistant principal or guidance counselor)

1. Is the student in good standing and eligible to remain in your school for the next grade level?
   _______ yes    _______ no
   If no, please explain ____________________________________________

2. Has the student ever been involved in a serious infraction of school rules?   _______ yes  ______ no
   If yes, please explain ___________________________________________________________________

3. Have any specific learning differences been noted?  ______ yes   ______ no
   If yes, what modifications have been made to the student’s academic program to help him/her cope with the learning differences?

4. Have the parents had a positive relationship with the school?   _____yes  _____no
   If no, please explain __________________________________________________________________

Please rate the student in each category.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude/Cooperation</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Conduct/Self-Discipline</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Integrity/Honesty</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Leadership</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Motivation/Effort</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
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<tr>
<td>Collaboration with others</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

I recommend this student: ○Enthusiastically ○Strongly ○Neutrally ○With Reservation ○Not at all

________________________________________  ___________________________________   __________
Signature of Administrator/Counselor        Name and Title (please print)        Date

School ____________________________________    Address ___________________________________