



VIEW

Student Recommendation Form

To Be Completed By Student

Name: _____ Date _____

High School: _____

Counselor /Teacher Name: _____

Title: _____

Student Signature: _____

To Be Completed By Counselor/Teacher

Please rate the student's ability in the following areas using the following scale:
 Excellent, Good, Average, Below Average or N/A

Attributes	Excellent	Good	Average	Below Avg.	N/A
Academic Ability					
Time Management Skills					
Assume Responsibility					
Displays a Positive Attitude					
Good Work Habits					
Works well Independently and with Others					
Leadership Skills					
Self Confidence					
	Always	Sometimes	Rarely	Frequently	N/A
Reports to Class on Time					
Complete Assignments Timely					

Would you suggest tutoring for this student? _____

If so, in what areas? _____

Please indicate any additional information you believe would be helpful in our selection.

Counselor/Teacher Name: _____

Subject: _____ Date _____

Please return this form to your guidance office.