

RECOMMENDATION FORM

STUDENT: YOU ARE REQUIRED TO FURNISH **TWO (2)** RECOMMENDATIONS FROM A TEACHER, COUNSELOR, EMPLOYER OR OTHER ADULT (**NOT A PARENT OR OTHER RELATIVE, OR GUARDIAN**) WHO KNOW YOU WELL AND CAN ATTEST TO YOUR ABILITY TO COMPLETE THE DRIVER EDUCATION PROGRAM.

STUDENT NAME: _____

YOUR NAME: _____

1. How long have you known this student?

2. What are the first words that come to your mind to describe the applicant?

3. How do you rate this student in terms of:

	BELOW AVERAGE	AVERAGE	GOOD (ABOVE AVERAGE)	VERY GOOD (WELL ABOVE AVERAGE)	EXCELLENT	N/A
MOTIVATION						
INDEPENDENCE/INITIATIVE						
DISCIPLINED WORK HABITS						
CONDUCT, CITIZENSHIP AND GENERAL BEHAVIOR						
FLEXIBILITY IN NEW OR CHALLENGING SITUATIONS						

4. What is your prediction that the applicant will successfully complete the driver education program?

POOR	FAIR	GOOD	VERY GOOD	EXCELLENT

5. Please add any further observations about the character, maturity or special need of the student which may aid us in making our selections. You may use an additional sheet.

Printed name

Signature

Address _____
Street
City
Zip
Telephone
Date

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS RECOMMENDATION. **THIS RECOMMENDATION MUST BE RETURNED TO DRIVE SMART , P.O. BOX 2012, EVERGREEN, CO 80437-2012 NO LATER ' APRIL 10, 2014.**