



Recommendation Form

No need to print- simply type your answers into the blocks and follow the save and submit instructions at the end of the form.

Student's Name: _____

Date: _____

Person Giving Recommendation: _____

Email: _____ Contact Phone Number: _____

How long have you known this student? _____ In what Capacity? _____

Please Note: The student above is applying for admission. All information is confidential, is not available to parents or students, and is used only for the admission process.

Academic Qualities (Place an X in the box that best describes the student as compared with other students you have taught.)

	Excellent	Above Average	Average	Below Average	Don't Know
Study Habits					
Ability to work independently					
Ability to work in group					
Ability to organize					
Willingness to ask for help					
Completion of work assigned					
Ability to express ideas verbally					
Ability to express ideas in writing					

Please comment on this student's strengths and weaknesses.

Please comment on this student's attendance. (frequently absent or tardy?)

Consider the parents' educational support, cooperation, or expectations and student's special needs.

Has the student ever been suspended, denied enrollment, been asked to withdraw, or received disciplinary action? If yes, please explain.

Personal Qualities (Place an X in the box that best describes the student as compared with other students you have known.)

	Excellent	Above Average	Average	Below Average	Don't know
Honesty					
Self-Discipline / Personal Responsibility					
Maturity					
Reaction to criticism / set backs					
Potential for leadership					
Respect for peers					
Respect for adults					
Attitude					

Please comment on the student's character and emotional stability as well as social development.

Please comment on parent involvement and/or any particular needs of this student to be met by the tutorial.

Any additional information that would be helpful upon consideration of enrollment.

Please choose one of the following statements:

_____ I highly recommend this student for admission to WHCT.

_____ I recommend this student for admission to WHCT.

_____ I recommend this student for admission to WHCT with reservations.

_____ I do not recommend this student for admission to WHCT.

_____ I would like to further discuss this student by phone. Please call me at _____.

The best time to call is _____.

We truly appreciate the time you have invested in this student's application. Your comments are valued.

PLEASE SAVE THIS FORM with Students LAST NAME, First initial 24,25

[example: JONES.M Recommendation 24,25]

Email your saved file to: director@westharpeth.org