

School Guidance Director Recommendation Form

To be filled out by Applicant:

Applicant's Name _____

Home Address _____
Address City State Zip

Telephone _____

I waive the right to review this reference. Yes No Applicant's Signature _____

To be completed by Recommender:

The applicant named above is applying for admission to Hillcrest Lutheran Academy.
Please complete this form.

Name _____

Address _____
Address City State Zip

Telephone _____ E-Mail _____

How long have you know the applicant? _____

How well do you know the applicant?

- By name and sight
- Casual. Few personal contacts
- Fairly well. A number of personal contacts
- Very well. A close relationship

Please comment on the applicant's spiritual life: _____

Please comment on the applicant's academic ability/potential: _____

Please comment on the applicant's strongest characteristics: _____

Please comment on the applicant's weakest characteristics: _____

	<u>Poor</u>	<u>Fair</u>	<u>Average</u>	<u>Good</u>	<u>Excellent</u>
Appearance	1	2 3	4 5 6	7 8	9
Concern for Others	1	2 3	4 5 6	7 8	9
Cooperation	1	2 3	4 5 6	7 8	9
Emotional Stability	1	2 3	4 5 6	7 8	9
Health	1	2 3	4 5 6	7 8	9
Influenced by Peers	1	2 3	4 5 6	7 8	9
Initiative/Motivation	1	2 3	4 5 6	7 8	9
Judgment/Common Sense	1	2 3	4 5 6	7 8	9
Leadership Qualities	1	2 3	4 5 6	7 8	9
Moral Character/Conduct	1	2 3	4 5 6	7 8	9
Physical	1	2 3	4 5 6	7 8	9
Reliability	1	2 3	4 5 6	7 8	9
Submits to Authority	1	2 3	4 5 6	7 8	9
Self-Confidence	1	2 3	4 5 6	7 8	9
Social Relationships	1	2 3	4 5 6	7 8	9

Please comment on any less than average ratings: _____

What additional information about this applicant would be helpful in our consideration?

Signature _____ Date _____

****Please include a copy of the applicant's current report card or transcript.**