



Letter of Recommendation Form

As part of the application process, the student is required to submit a recommendation. Please take a moment to complete the following on-line recommendation.

March 2, 2024

Contact Information

Your name

In what capacity and for how long have you known the applicant?

Provide any additional comments you may wish to make according to app. cant.

Attitude/Cooperation	<input type="radio"/> Exceptional	<input checked="" type="radio"/> Above Average	<input type="radio"/> Average	<input type="radio"/> Needs Improvement
Work as team member	<input type="radio"/> Exceptional	<input type="radio"/> Average	<input type="radio"/> Average	<input type="radio"/> Needs Improvement
Organization skills	<input type="radio"/> Exceptional	<input type="radio"/> Average	<input type="radio"/> Average	<input type="radio"/> Needs Improvement
Needs to Answer	<input type="radio"/> Unable	<input type="radio"/> Needs Improvement	<input type="radio"/> Average	<input type="radio"/> Improvement
Potential for success	<input type="radio"/> Improvement	<input type="radio"/> Average	<input checked="" type="radio"/> Above Average	<input type="radio"/> Exceptional
Summary Evaluation				
Evaluation:				
Comments:				
Recommended:				
Recommended but with reservations:				
Details:				
When you are ready:				
<p>Important Note: By submitting this information, you attest that you are the student's parent/guardian and have the best knowledge of the student's performance. If you have any questions or concerns, please contact our office.</p>				
<p>Save your response to continue</p>				