

***STUDENT RECOMMENDATION***

The following student has applied to *Greater Lansing Adventist School*. We ask your help in evaluating the applicant as a potential student at this school. This blank will be kept in strict confidence and destroyed as soon as a decision is made. Thank you for your help.
**Mail to**: **Greater Lansing Adventist School, 5330 W. Saint Joseph Hwy. Lansing, MI 48917**

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| NAME OF APPLICANT: |

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Please circle the number that best identifies the items below by the following scale:**

**6** – Excellent **5** - Above Average **4** – Average **3** - Below Average  **2** – Poor **1** - Inadequate Information

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| Religious Commitment | 6 5 4 3 2 1 |
| Honesty | 6 5 4 3 2 1 |
| Attitude Toward Authority | 6 5 4 3 2 1 |
| Influence on Fellow Peers | 6 5 4 3 2 1 |
| Ability to Get Along with Others | 6 5 4 3 2 1 |
| Punctuality | 6 5 4 3 2 1 |
| Emotional Stability | 6 5 4 3 2 1 |
| Motivation to Achieve | 6 5 4 3 2 1 |
| Intellectual Ability | 6 5 4 3 2 1 |
| Health and Vigor | 6 5 4 3 2 1 |
| Home Environment | 6 5 4 3 2 1 |

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| **Within your knowledge, has the applicant ever:**  | **Yes** | **No** |
| Used Tobacco  |  |  |
| Used Alcoholic Beverages  |  |  |
| Used Illegal Drugs  |  |  |
| Used Profane Language  |  |  |
| Been Involved in Theft  |  |  |
| Been Suspended from School  |  |  |
| Been Involved with Juvenile Authorities  |  |  |

**Other Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To your knowledge, does the applicant have any major learning difficulties or disabilities? Yes \_\_/ No \_\_ Do the applicant’s parents/guardians care for financial responsibilities? Yes \_\_/No \_\_
How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
What is your relationship to the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your recommendation to the committee concerning this applicant?
 • Accept without Reservation \_\_\_
 • Accept with Reservation \_\_\_
 • Do Not Accept \_\_\_

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| Name: | Title: | Signature:  |
| Address: | Phone: | Date: |