

**Recommendation:**  
**School Administrator, Counselor, or Teacher**

Please return to: james.troost@oakland.k12.mi.us

Student Name	High School	Current Grade
		<b>10</b>

Respondent Name	Email address

How long have you known the student, and in what capacity?

Respondent Signature - check box to certify signed electronically	Date

Indicate your judgment of this applicant as compared to other students:

Proactivity in terms of course work and studies. (takes charge vs. waits to be told)	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> No basis for evaluation	Acceptance of tasks/assignments that are "hard." (rises to the challenge vs. avoids and complains)	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> No basis for evaluation
Attendance and timeliness	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> No basis for evaluation	"People Skills": acting in thoughtful ways, concern for others, resolving conflicts, making responsible decisions	<input type="checkbox"/> Average or below <input type="checkbox"/> Above average <input type="checkbox"/> Excellent (top 10%) <input type="checkbox"/> No basis for evaluation

**Recommendation:**

To be successful, students need to quickly adjust to the greater freedoms and individual responsibilities of college coursework, prioritize their study time, and seek assistance when needed. Based on your experience with the applicant, what is your overall recommendation for this student?

Highest Recommendation  
 Recommendation

Recommendation with reservation  
 Do not recommend

Please provide a sentence or two describing your general impression and evaluation of this student: