

## School Counselor's Recommendation: (Maximum 5 Points)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Directions to Guidance Counselor: Please use this form to indicate your level of recommendation for each student who applies to Greater Lowell Technical School from your current school. This form is mandatory and has been approved by the Department of Elementary and Secondary Education.

<u>Rating</u>	<u>Points</u>
Ability to Benefit	1
Classroom Participation	1
Perseverance	1
Study Work Habits	1
Positive Collaboration	1

**1. What level of benefit do you believe the applicant will receive from a Technical Education?**

- a. Strong Benefit \_\_\_\_\_ (1)                      b. Average Benefit \_\_\_\_\_ (.5)  
c. Weak Benefit \_\_\_\_\_ (0)

**2. What level of class participation does the applicant contribute?**

- a. Strong Contribution \_\_\_\_\_ (1)                      b. Average Contribution \_\_\_\_\_ (.5)  
c. Weak Contribution \_\_\_\_\_ (0)

**3. What level of perseverance, including working independently, does the applicant show toward school work?**

- a. Strong Perseverance \_\_\_\_\_ (1)                      b. Average Perseverance \_\_\_\_\_ (.5)  
c. Weak Perseverance \_\_\_\_\_ (0)

**4. What level of work and study habits does the applicant have?**

- a. Strong Study Habits \_\_\_\_\_ (1)                      b. Average Study Habits \_\_\_\_\_ (.5)  
c. Weak Study Habits \_\_\_\_\_ (0)

**5. Does the applicant work positively and collaboratively with other students and teachers?**

- a. Strong Collaborative Skills \_\_\_\_\_ (1)                      b. Average Collaborative Skills \_\_\_\_\_ (.5)  
c. Weak Collaborative Skills \_\_\_\_\_ (0)

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total points:** \_\_\_\_\_

**School Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_