



Oneida-Herkimer-Madison BOCES

P.O. Box 70 • 4747 Middle Settlement Road • New Hartford, NY 13413-0070

www.oneida-boces.org

Applicant name: _____

New Visions School Counselor Recommendation

Please rate the New Visions applicant in the following areas, from one (lowest) to five (highest). Keep in mind that the students will be compared with other capable college preparatory students, and if accepted into the program, will be working with a variety of individuals in a professional environment.

	No Basis to Judge	1	2	3	4	5
Ability to get along with others						
Ability to work in a group						
Ability to work independently						
Academic ability						
Dependability						
Ease with adults						
Flexibility						
Maturity						
Self-motivation						
Verbal skills						

Please indicate the number of absences this academic year up to the date of this application: _____

Please indicate the number of discipline referrals this academic year up to the date of this application: _____

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

School Counselor Name (printed): _____

Counselor Signature: _____ Date: _____

Counselor Email: _____ Counselor Phone #: _____