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***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**

|  |
| --- |
| NAME OF APPLICANT: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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

|  |  |
| --- | --- |
| 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 \_\_\_

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