

# Dupont Park Adventist School RECOMMENDATION FORM

Student's Full Name \_\_\_\_\_

Please complete the survey to the best of your ability. If you have questions or comments, please contact Mrs. Williams (cwilliams@) mydpas.org) **Please place this form in the envelope provided by the student, seal the envelope, sign along the seal and return to the student.**

Thank you in advance,

Person completing form \_\_\_\_\_

Relationship to student \_\_\_\_\_

Please rate the student using the scale provided. For responses of 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Social Skills		
Respectfulness		
Initiative		
Ability to keep commitments/meet deadlines		
Punctuality		
Leadership Potential		
Results Oriented		
Maturity		

Overall impression of candidate: (please circle one)

Highly recommend    Recommend    Recommend with reservation    Do not recommend

Signature \_\_\_\_\_ Date \_\_\_\_\_