

STUDENT RECOMMENDATION

The following student has applied to *Wilson Junior Academy*. 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: **Wilson Junior Academy, N13925 Co Rd 551, Wilson, MI, 49896** or

Fax to: **(906) 639-2568** or Email to: **egibbs@misda.org**

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

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: