

COUNSELOR RECOMMENDATION FORM

This section of the application MUST be completed by the school guidance counselor and submitted with the student's application. Please complete the form and return it to student in a sealed envelope or submit the form via email to tstembridge@apsk12.org.

Name of Student _____ GPA _____

Referral Person/Title _____

Please rate the student in the following areas:

Area	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
<i>Student's Academic Progress</i>					
Shows Academic Potential					
Assumes responsibility					
Work Ethic					
Is motivated to achieve					
Is Proficient in Basic Skills					
Is generally well-disciplined					
Is leadership oriented					
Has Good Attendance and Punctuality					

Note: Your comments are most beneficial in the total selection process!

7th Grade EOG Milestones score in English _____

7th Grade EOG Milestones score in Mathematics _____

7th Grade EOG Milestones score in Social Studies _____

7th Grade EOG Milestones score in Science _____

Please include a copy of student's most recent 8th grade report card.

Do you recommend this student for enrollment in the Early College Program at Booker T. Washington?

() Strongly Recommend () Recommend () Recommend with Reservations () Do not Recommend

Why or Why not?

Additional Comments (not required)

Counselor's Name

Counselor's Signature

Date

Early College: Come and Live Your Dreams!