

STUDENT NAME:	SCHOOL NAME	CURRENT GRADE
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Counselor Recommendation Form for MIDDLE COLLEGE

Dear Counselor: Your responses are very important in helping us determine the best candidates for the Middle College program. We greatly appreciate your straight-forward, thorough responses. Your answers will remain confidential. Thank you for all that you do to support and guide students!

Please circle or answer the questions below.

Has this student ever been reclassified? Yes No If yes, in what grade?

How long have you known the applicant in months or years?

Is the applicant currently attending school? Yes No

Has the student been suspended or expelled from school relating to weapons, alcohol, drugs, or willful infliction of

Injury to another person? Yes No Does this student have an IEP? Yes No

Does this student have a 504 Plan? Yes No

Please CHECK any of the following at-risk characteristics that you perceive may apply to this student.

- | | |
|--|--|
| <input type="checkbox"/> potential dropout | <input type="checkbox"/> low socioeconomic status |
| <input type="checkbox"/> disengaged | <input type="checkbox"/> loner |
| <input type="checkbox"/> pregnant | <input type="checkbox"/> under achievement |
| <input type="checkbox"/> has a child | <input type="checkbox"/> siblings dropped out of high school |
| <input type="checkbox"/> poor attitude about school | <input type="checkbox"/> lacks confidence |
| <input type="checkbox"/> demonstrates little effort | <input type="checkbox"/> discipline problems |
| <input type="checkbox"/> lives on own/independent | <input type="checkbox"/> resists authority |
| <input type="checkbox"/> attendance issues | <input type="checkbox"/> poor peer relationships |
| <input type="checkbox"/> parent incarcerated | <input type="checkbox"/> lacks parental support |
| <input type="checkbox"/> sibling incarcerated | <input type="checkbox"/> lacks social skills |
| <input type="checkbox"/> does not want to attend traditional high school | |

Based on my experience with the applicant, my overall recommendation for this student is as follows:

- () Highest Recommendation
 () Recommendation
 () Recommendation with reservation
 () Do not recommend

Name (Please Print) _____

Signature _____ Date _____