



Student Recommendation Form

Parents: Please have this form filled out by an individual who has had direct involvement with your child in an instructional setting. (school teacher, Sunday school teacher, coach etc.)

Name of Applicant: _____ Grade 2017-18 _____

How long have you known the applicant? _____

In what context did you teach the applicant? _____

1. Please describe how the applicant interacts with others in a classroom setting.

2. From your perspective does the applicant receive good academic and disciplinary support from his/her parents?

3. What, if any, social or academic concerns do you have regarding the applicant?

4. What, if any, disciplinary concerns do you have in regard to the applicant?

Please check the line which most appropriately describes the applicant.

	Always	Usually	Sometimes	Rarely
1. Exhibits a teachable attitude.	_____	_____	_____	_____
2. Follows instructions.	_____	_____	_____	_____
3. Contributes positively in group setting.	_____	_____	_____	_____
4. Respects authority.	_____	_____	_____	_____
5. Works well with others.	_____	_____	_____	_____
6. Has regular attendance.	_____	_____	_____	_____
7. Completes assignments on time.	_____	_____	_____	_____
8. Pays attention in class.	_____	_____	_____	_____

Your name: _____

May we contact you for further questions? Yes _____ No _____

Contact Information:

Phone: _____

E-mail: _____

Please return this Student Recommendation Form to the applicant in a sealed envelope or mail directly to:

HIGHLANDS LATIN SCHOOL
Indianapolis
P.O. Box 4462
Carmel, IN 46082