



5. Does the student have any physical, emotional or behavioral limitations that may limit participation in this program?

No  Yes If yes, please give details.

6. Do you know of any behavior that suggests that this student is not reliable, honest, or of good character?

No  Yes If yes, please give details.

7. Additional comments:

8. Overall recommendation:

I recommend this student strongly.

I recommend this student.

I recommend this student with reservation.

I believe that this student is unsuited for the program at this time.

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Academic Teacher Name (please print)

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Subject Area

School

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Signature

Date

( )

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Work Phone Number

The student's file is incomplete until all materials are received. Please complete this form immediately and return to the student in a sealed envelope.