

Atholton Adventist Academy

6520 Martin Road, Columbia, MD 21044
phone: 410-740-2425 fax: 410-740-2545 office@atholton.us

Student Recommendation Form

Applicant's Name: _____ Entering grade: _____

To be completed by applicant's previous school teacher and/or principal. Please give a general assessment of the applicant applying for admission to Atholton Adventist Academy. All information will be kept confidential. In the box below, check the box that applies.

| Qualities | N/A | Below Average | Average | Above Average |
|--------------------------|-----|---------------|---------|---------------|
| Energy and initiative | | | | |
| Leadership | | | | |
| Responsibility | | | | |
| Self-confidence | | | | |
| Warmth of personality | | | | |
| Sense of humor | | | | |
| Concern for others | | | | |
| Reaction to criticism | | | | |
| Reaction to setbacks | | | | |
| Maturity | | | | |
| Good judgment | | | | |
| Self-discipline | | | | |
| Personal appearance | | | | |
| Attendance | | | | |
| Shows respect for others | | | | |
| Cooperative | | | | |

Does the applicant have any special academic needs or been evaluated for any physical, emotional, or academic reason?

Has the applicant had any discipline problems? (Please explain)

To your knowledge has the student ever used tobacco, alcohol, or drugs?

How long have you known the applicant?

Overall rating: _____ Strongly recommend _____ Recommend
 _____ Recommend with reservation _____ Do not recommend

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

Administrator: Have all financial obligations to your school been fulfilled? Yes _____ No _____

Reference completed by:

Name: _____ Title: _____

Institution: _____ Phone Number: _____

E-mail address: _____