

## Skagit Adventist Academy **Recommendation Form**

NOTE: This form is to be filled out by a pastor, teacher, or administrator, but not a member of the student's family. This form does not need to be filled out for Pre-K or Kindergarten students

\_\_\_\_\_ is applying for admission to grade \_\_\_\_\_\_\_ at Skagit Adventist Academy. In order for

us to properly evaluate the applicant, please answer the following questions to the best of your knowledge. Your comments will be held in confidence.

## Please mail this form to Skagit Adventist Academy, 530 N. Section St, Burlington, WA 98233.

How long have you known the applicant and in what capacity?

Do you know of any honors received by the applicant or has the applicant achieved anything unusual?

How much supervision do you think the applicant needs?

Constant	
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Among pupils you have known, how you would rank the applicant as a student:

Frequent \_\_\_\_ Occasional \_\_\_\_ Minimal \_\_\_\_

Upper 10% \_\_\_\_ Upper 25% \_\_\_\_ Average \_\_\_\_ Lower 25% \_\_\_\_ Lower 10% \_\_\_\_

Place a check in the appropriate space after each question:

	Superior	Good	Average	Poor
General Personality				
Character and Integrity				
Emotional Stability				
Manners				
Sociability				
Resourcefulness				
Cooperativeness				
Leadership Qualities				

Please check the applicant's primary interests:

Artistic	Intellectual	Religious	Athletic	Literary	Scientific	_ Dramatic			
Musical	Social	Other (specify)							
Do you person	ally recommend th	e applicant? Yes	Yes, wit	h reservations	No				
Please make any additional comments you feel might be of interest or value:									
Signed by:				Dat	e:				