

CHARACTER RECOMMENDATION

The following student has applied for admission to Metro-East Lutheran High School and has given permission to seek a recommendation from you.

STUDENT _____ Grade Level _____

Please give your evaluation of this student by circling the appropriate number on each line.

(5= Consistently 1= Seldom UTJ= Unable To Judge)

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Student is positively involved in his/her community | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Student is a positive influence on others | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Student appears to be socially accepted by peers | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Student's behavior evidences high moral standards | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Family is supportive of student's activities | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |

Please describe a strength of this student.

Please describe a weakness of this student.

Are there any family situations/circumstances that could affect this student's performance or behavior? Yes No
If yes, please briefly explain.

Do you recommend this student for acceptance to MELHS? Yes No

Do you request for this recommendation to be kept confidential? Yes No
If no, this information may be discussed with the student and family.

Please use the back of this form to give any additional comments that would help us in understanding this student.

Your Name _____ Signature _____ Date _____

Relationship to student _____

Please complete and return this form to: Metro-East Lutheran High School
6305 Center Grove Rd
Edwardsville, IL 62025
Or fax to 618-656-3315

If you have any questions, please call us at 618-656-0043. Thank you for your assistance in evaluating this student!

