

CHURCH 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. Family attends church | 1 | 2 | 3 | 4 | 5 | UTJ |
| 2. Student attends youth functions | 1 | 2 | 3 | 4 | 5 | UTJ |
| 3. Student is a positive influence | 1 | 2 | 3 | 4 | 5 | UTJ |
| 4. Student actively lives his/her Christian faith | 1 | 2 | 3 | 4 | 5 | UTJ |
| 5. Family is supportive of church programs | 1 | 2 | 3 | 4 | 5 | UTJ |
| 6. Behavior patterns are constructive and positive | 1 | 2 | 3 | 4 | 5 | UTJ |
| 7. Does this student have any special needs?
If yes, what? | Yes | No | | | | |
| Are there any family situations/circumstances that could affect
this student's performance or behavior?
If yes, may we contact you to discuss this situation? | Yes | No | Yes | No | | |
| Do you recommend this student for acceptance to MELHS? | Yes | No | | | | |
| Do you request for this recommendation to be kept confidential?
If no, this information <u>may</u> be discussed with the student and family. | Yes | No | | | | |

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

Your Name _____ Signature _____ Date _____

Position _____ Church _____

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!

