SCHOOL RECOMMENDATION - Administrator or Guidance Counselor

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

STUDENT			Grad	e Le	vel_		3 4 5 UTJ 3 4 5 UTJ 3 4 5 UTJ							
Please give your evaluation of this st	ıdent by cir	cling the appr	opriate n	umb	er o	n ead	ch li	ne.						
(5=	Consistently	1= Seldom	UTJ= Una	ble T	o Jud	ge)								
1. Is cooperative with teachers and s	chool perso	nnel		1	2	3	4	5	UTJ					
2. Is respectful to others				1	2	3	4	5	UTJ					
3. Has positive relationships with pe	ers			1	2	3	4	5	UTJ					
4. Behavior patterns are constructive and positive				1	2	3	4	5	UTJ					
5. Parents give evidence of school su	pport			1	2	3	4	5	UTJ					
Has the student had any attendance If yes, what were they and w				Ye	es	No	0							
Was the student asked to leave your school?					Yes No									
Does this student have any special no If yes, what has your school			ıdent?	Ye	es	No	0							
Do you recommend this student for	acceptance	to MELHS?		Υe	es	No	0							
Do you request for this recommendation if no, this information may be				Ye amil		No	0							
Please use the back of this form to giv						us in	une	derst	anding this s					
Your Name		Signature						D	ate					
Position		School												
Please complete and return this form to:	6305 Cen	ast Lutheran Higl nter Grove Rd ville, IL 62025	n School											
	Or fax to	618-656-3315												
If you have any questions, please call us at 61	8-656-0043. T	hank you for you	ır assistance	e in e	valua [.]	ting t	his st	uden	it!					



SCHOOL RECOMMENDATION - English Teacher

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 stu	ident by circling the a	appropria	te n	amb	er oı	n eac	ch line.
(5:	= Excellent 1= Poo	or UTJ= V	Unab	le To	Judge	e)	
1. Command of the English language	e - Written	1	2	3	4	5	UTJ
2. Command of the English language	e - Spoken	1	2	3	4	5	UTJ
3. Reading Comprehension		1	2	3	4	5	UTJ
4. Attentiveness / generally engaged	l in class	1	2	3	4	5	UTJ
5. Diligence in completing work		1	2	3	4	5	UTJ
6. Test taking ability		1	2	3	4	5	UTJ
7. Behavior patterns are constructive	and positive	1	2	3	4	5	UTJ
8. Respectful to others		1	2	3	4	5	UTJ
Does this student have any special ac If yes, what have you done to		Yes			No)	
Do you recommend this student for a	acceptance to MELH	S?		Υe	es	No)
Do you recommend this student for	regular English o	or hor	ors	Engl	ish?		
Do you request for this recommenda If no, this information <u>may</u> b			nd fa	Ye amily		No)
Please use the back of this form to give	e any additional com	nents tha	t woi	uld h	elp 1	us in	understanding this studer
Your Name	Signature	e					Date
Position	School _						
Please complete and return this form to:	Metro-East Lutherar 6305 Center Grove R Edwardsville, IL 620	₹d	ool				
	Or fax to 618-656-33	315					



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

SCHOOL RECOMMENDATION - Math Teacher

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 stu	dent by circl	ling the ap	propriat	e nu	ımb	er o	n eac	ch line.	
(5=	(5= Excellent 1= Poor UTJ= Unable To Judge)								
1. Math computation skills			1	2	3	4	5	UTJ	
2. Ability to learn math concepts			1	2	3	4	5	UTJ	
3. Attentiveness / generally engaged	in class		1	2	3	4	5	UTJ	
4. Diligence in completing work			1	2	3	4	5	UTJ	
5. Test taking ability			1	2	3	4	5	UTJ	
6. Behavior patterns are constructive	and positive)	1	2	3	4	5	UTJ	
7. Respectful to others			1	2	3	4	5	UTJ	
Does this student have any special academic needs? If yes, what have you done to assist the student? Yes No)	
Circle the class that you would recom	mend the st	udent begi	n in at N	⁄IEL	HS:				
Pre-algebra Algebra G	eometry	Algebra II	Pr	е-са	lc		Ca	lculus	
Do you recommend this student for a	acceptance to	MELHS?			Υe	es	No)	
Do you request for this recommendate If no, this information <u>may</u> b		-		ıd fa	Ye mily		No)	
Please use the back of this form to give	any addition	nal comme	nts that	woi	ıld h	ielp i	us in	understanding this st	uden
Your Name	S	Signature _						Date	
Position		School							
Please complete and return this form to:	6305 Cente	t Lutheran H er Grove Rd lle, IL 62025	igh Schoo	ol					
	Or fax to 6	18-656-3315							



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