

# Lincoln College

## Senior Year High School Core Teacher/Guidance Counselor Recommendation Form

**TO BE COMPLETED BY APPLICANT:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**RELEASE OF ACCESS TO THIS RECOMMENDATION FORM**

The applicant must complete and sign either of the following statements before submitting this form to the reference. This request is in accordance with the Family Educational Rights and Privacy Act of 1974.

I hereby voluntarily waive and relinquish any right of access to this confidential recommendation form.

I retain my right of access to this confidential recommendation form.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**TO BE COMPLETED BY REFERENCE**

	Not Observed	Below Average	Average	Good	Excellent
<b>Oral Communication</b>					
<b>Written Communication</b>					
<b>Intellectual Ability</b>					
<b>Motivation to Learn</b>					
<b>Interpersonal Relations</b>					
<b>Reliability</b>					
<b>Adaptability</b>					

**Please check one of the following:**

- \_\_\_\_\_ I am a senior year English teacher
- \_\_\_\_\_ I am a senior year Math teacher
- \_\_\_\_\_ I am a senior year Science teacher
- \_\_\_\_\_ I am a Guidance Counselor

**Please check one of the following:**

- \_\_\_\_\_ I highly recommend this student
- \_\_\_\_\_ I recommend this student
- \_\_\_\_\_ I recommend with reservations
- \_\_\_\_\_ I do not recommend this student
- \_\_\_\_\_ I have no basis for judgment

**COMMENTS:**

The Admissions Review Committee appreciates any additional information you would like to provide regarding this applicant's academic and personal characteristics. Feel free to attach a separate recommendation.

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Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Number of years you have known the applicant: \_\_\_\_\_ <1      \_\_\_\_\_ 1-2      \_\_\_\_\_ >2