



RECOMMENDATION

PARENTS/GUARDIANS: Fill in your student's name and submit this form to your student's Pastor, Teacher, or a person of authority all of whom should not be related to student.

STUDENT'S NAME: _____ CURRENT GRADE: _____

THE FOLLOWING TO BE COMPLETED BY A PASTOR, TEACHER, OR PERSON OF AUTHORITY:

PASTOR, TEACHER OR PERSON OF AUTHORITY: This student is being considered for admission to Tillamook Adventist School. Your assistance in evaluating this student is greatly appreciated. Please return this form by fax (503-842-6236) or by mail (address on reverse). Since this student's enrollment process cannot be completed without this recommendation, we thank you for your timely response.

PERSONAL CHARACTERISTICS:	Below Average	Average	Above Average	ACADEMIC PERFORMANCE:	Below Average	Average	Above Average
Leadership Qualities				Ability to Follow Directions			
Honesty				Problem Solving Abilities			
Emotional Maturity				Ability to Work in a Group			
Spiritual Development				Ability to Work Independently			
Relationship with Peers				Organizational Skills			
Relationship with Adults				Level of Responsibility			
Sense of Fair Play				Reading Comprehension			
Self Confidence				Oral Expression			
Self-Motivation				Written Expression			
Positive Influence on Peers				Attention Span			
Response to Constructive Criticism				Finishes On Time			
Attitude Toward Authority				Study Habits			
Refrains from Profanity or Vulgarity				Attendance			

1. What positive characteristics do you observe in this student? _____

2. In what areas does this student need the greatest development? _____

3. For academic ability and promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

4. For character and personal promise, I recommend this student:

- with reservations without enthusiasm fairly strongly strongly enthusiastically

Printed Name: _____

How long have you known the student? _____ In what capacity? _____

Phone # _____ E-mail address _____

Signature: _____ Date: _____

Please make any additional comments on the back side.

Fold here last and tape.

Place
Stamp
Here To
Mail



TILLAMOOK ADVENTIST SCHOOL
4300 12th Street
Tillamook, OR 97141

Fold here first.

ADDITIONAL COMMENTS: _____
