



ADMINISTRATOR-COUNSELOR RECOMMENDATION

To Applicant:

Please complete this section and deliver a copy of this form to your Guidance Counselor or Principal along with the Transcript Request Form and Teacher Recommendation Form. The person making the recommendation will forward those completed forms directly to the Admissions Office. Recommendations become the confidential property of Dominion Christian Schools and are not subject to applicant or parental review.

Student's Name _____ Current Grade Level _____

Date _____ Current Administrator's or Counselor's Name _____

Name of Current School _____

School Address _____ County _____ City _____ State _____ Zip _____

School Phone ____ - ____ - _____

Signature of Parent _____ Date _____

To Be Filled Out by Administrator / Counselor

	Exceptional	Good	Average	Poor
Academic performance	4	3	2	1
Academic ability	4	3	2	1
Motivation	4	3	2	1
Extra-curricular performance	4	3	2	1
Respect for authority	4	3	2	1
Self-discipline	4	3	2	1
Integrity	4	3	2	1
Leadership potential	4	3	2	1
Conduct	4	3	2	1
Self-confidence	4	3	2	1

In what capacity and for how long have you known this student? _____

Please comment on the student's attitude toward school. _____

Has any serious disciplinary action ever been taken on this student? If yes, please explain. _____

To your knowledge, has the student had any history of involvement with drugs or alcohol? _____

If yes, please explain. _____

What is your candid perception of the student's character? _____

Does the student have any history of learning disability or has he/she required any special help to meet academic requirements? Yes ___ No ___ If yes, please explain. _____

If the above question was answered "Yes", do you feel the student would be successful in a mainstreaming program at this time? Yes ___ No ___

Thank you for your assistance in evaluating this student.

Signature _____ Date _____