

COUNSELOR RECOMMENDATION FORM
(CONFIDENTIAL)

Counselor: _____ Student's Name: _____

Student's Career Focus: _____ Grade Level: _____

NOTE TO COUNSELOR: Please return paper copy in a sealed envelope to WBL coordinator OR via email.

The following checklist is provided for those who know the student well enough to give an accurate assessment. We hope that it will provide a convenient method to describe the candidate in summary fashion.

Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top-10%)	No Basis for Judgement
Academic Ranking					
Problem Solving					
Effort					

Behavior/Discipline:

Excellent: _____ Good: _____ Poor: _____ Unacceptable: _____

This student is on track for graduation and has met requirements appropriate to grade level and/or career focus noted above:

YES _____ NO _____ GPA: _____ Please initial: _____

If failing or in jeopardy of failing any classes, please note: _____

If you wish to give reasons for any of your ratings, please do so here. An explanation for the significance of ratings is always helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

_____ I recommend the above student for the Work-Based Learning/Youth Apprenticeship Program.

_____ I do NOT recommend the above student for the Work-Based Learning/Youth Apprenticeship Program.

(Counselor Signature) (Printed Name) (Date)