



# Principal/Counselor Recommendation Form

PARENT PERMISSION

Applicant's Name \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

**PARENT PERMISSION:** My signature grants permission for my child's current school to share this information with the Early College of Macomb.

Parent / Legal Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**PRINCIPAL/COUNSELOR RECOMMENDATION** District: \_\_\_\_\_

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

How long have you known the applicant? \_\_\_\_\_

Is the student's current level of performance a true reflection of his/her ability? \_\_\_\_\_  
 Explain: \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide Attendance, Behavior and Grade data from your student database system.

Number of Absences and Tardies (May attach attend. report) year-to-date	Hourly Class Absences	Hourly Class Tardies		If excessive, note reasons in comments
Number of Behavior Referrals year-to-date	Serious: e.g., suspension	Minor: e.g., detention		Warnings
Current Grades current semester –to-date	English	Math	Social Studies	Science
				If needed, explain grades in comments

In comparison with other students in the candidate's grade/age group please check the most appropriate box for the listed categories (Counselor may wish to consult with a teacher of this student to complete this portion):

Quality	Unable to Judge	Below Average	Average Top 50%	Very Good Top 10%	Outstanding Top 1%
Motivation, Initiative					
Creativity					
Self-confidence					
Enthusiasm					
Work Habits					
Perseverance/Self discipline					
Curiosity					

Principal / Counselor Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Comments: \_\_\_\_\_

PRINCIPAL/COUNSELOR RECOMMENDATION